# M140000001303

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | idress)            |             |
| (Ad                     | ddress)            |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | WAIT               | MAIL        |
| (Bu                     | usiness Entity Nar | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
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Office Use Only



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DEPARTMENT OF STATE

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FEB 2 6 2014

T. BROWN



ACCOUNT NO. : I2000000195

REFERENCE : 025803

AUTHORIZATION

COST LIMIT : \$ 125.00

| ORDER DATE : 1 | February | 24, | 2014 |
|----------------|----------|-----|------|
|----------------|----------|-----|------|

ORDER TIME: 3:29 PM

ORDER NO. : 025803-055

CUSTOMER NO: 4361510

#### FOREIGN FILINGS

NAME: CAH 2014-1 EQUITY OWNER, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

#### COVER LETTER

TO STATE OF THE ST

|                  | ration Section<br>on of Corporations |  |  |            |   |  |
|------------------|--------------------------------------|--|--|------------|---|--|
| SUBJECT: C       | AH Property Mar                      |  |  | ·          |   |  |
|                  |                                      | Name of L  | imited Liability Com                     | pany       |   |  |
|                  |                                      |  |  |            | ansact Business in Florlda,"<br>y company to transact busin |  |
| Please return al | I correspondence c                   | oncerning this matter to t                       | he following:                            | •          |   |  |
|                  | Linda Bodenste                       | ein  |  |            |   |  |
|                  |                                      | ,  | Name of Person                           | •          |   |  |
|                  | CAH Property                         | Management, LLC                                  |  |            |   |  |
|                  |                                      | 1  | Firm/Company                             |            |   |  |
|                  | 2450 Broadway                        | r, Sixth Floor                                   |  |            |   |  |
|                  |                                      |  | Address                                  |            |   |  |
|                  | Santa Monica,                        |  |  |            |   |  |
|                  |                                      | City/  | State and Zip Code                       |            |   |  |
|                  | lbodenstein@co                       | •  |  |            |   |  |
|                  |                                      | E-mail address: (to be us                        | ed for future annual r                   | eport noti | fication)   |  |
| For further info | rmation concerning                   | this matter, please call:                        |  |            |   |  |
| Linda            | Bodenstein                           |  | at (310                                  | 552-71     | 80  |  |
|                  | Name o                               | of Person  | Area Code                                | Daytin     | ne Telephone Number   |  |
|                  | ING ADDRESS:<br>on of Corporations   |  | CET ADDRESS:                             |            |   |  |
|                  | ration Section                       |  | tration Section                          |            |   |  |
|                  | ox 6327                              |  | n Building                               |            |   |  |
| Tallaha          | assee, FL 32314                      |  | Executive Center Cir<br>nassee, FL 32301 | cle        |   |  |
| Enclosed is a    | check for the fo                     | ollowing amount:                                 |  |            |   |  |
|                  | 5.00 Filing Fee                      | ☐ \$130.00 Filing Fee &<br>Certificate of Status | □ \$155.00 Filing<br>Certified Cop       |            | ☐ \$160.00 Filing Fee, Cer<br>of Status & Certified C       |  |
|                  |                                      |  |  |            |   |  |

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CAH 2014-1 Equity Owner, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 36-4777025

(FEI number, if applicable)

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. CAH 2014-1 Equify Owner, LLC

2450 Broadway, Sixth Floor, Santa Monica, CA 90404

(Street Address of Principal Office)

6. CAH 2014-1 Equity Owner, LLC

2450 Broadway, Sixth Floor, Santa Monica, CA 90404

(Mailing Address)

and incidence of the consisting exacts and the contract of the

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

CSFR ColFin American Investors, LLC /David A. Palame, Assistant Secretary

2450 Broadway, Sixth Floor, Santa Monica, CA 90404

8. Attached is an original certificate of existence, no prore than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (Aphythocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translation must be submitted.)

Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

David A. Palamé, Assistant Secretary

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name    | of the Limited Liability                         | Company is:                                    |  |
|----------------|--|--|--|
| CAH 2014-1 E   | quity Owner, LLC                                 |  |  |
| If unavailable | , the alternate to be use                        | d in the state of Florida is:                  |  |
| 2. The name    | and the Florida street ac                        | ddress of the registered agent and office are: |  |
|                | Corporation Service C                            | ompany   |  |
|                |  | (Name)   |  |
| ·              | 1201 Hays Street                                 |  |  |
|                | Florida Street Address (P.O. Box NOT ACCEPTABLE) |  |  |
|                | Tallahassee                                      | FL 32301                                       |  |
|                |  | City/State/Zip                                 |  |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Sue G. Knight
Assistant Vice President

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\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CAH 2014-1 EQUITY OWNER, LLC" IS
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF
THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF FEBRUARY, A.D.
2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAH 2014-1 EQUITY OWNER, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JANUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5467563 8300

140229709

Jeffrey W. Bullock, Secretary of State AUTHENTY CATION: 1157636

DATE: 02-24-14

You may verify this certificate online at corp.delaware.gov/authver.shtml