# M1400000/463

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAR -4 AM 9: 56

SELVITATION OF STATE

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ION SERVICE COMPANY.
ACCOUNT NO. : 12000000195
REFERENCE : 038783 4361510
AUTHORIZATION:
COST LIMIT : \$ 125.00
ORDER DATE: March 3, 2014
ORDER TIME : 9:32 AM
ORDER NO. : 038783-005
CUSTOMER NO: 4361510
FOREIGN FILINGS
NAME: BOW A FL-OFFICE, LLC
XXXX QUALIFICATION (TYPE: <u>LL</u> )
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Susie Knight EXT# 52956
EXAMINER:

#### **COVER LETTER**

TO:	Registration Section Division of Corporatio	ns					
		BOW A FL	-Office, LLC				
SUBJI	ECT:		ed Liability Company	ramen from the order from the order of the office of the order of the			
The en Exister	closed "Application by Fo	reign Limited Liability Con d to register the above refe	npany for Authorization to Trenced foreign limited liabil	ransact Business in Florida," Certificate of lity company to transact business in Florida			
Please	return all correspondence	concerning this matter to th	e following:				
		Directo	or of Legal				
		1	Name of Person				
		Colony (	Capital, LLC				
			irm/Company				
		2450 Broad	dway, Sixth F	loor			
	<del></del>		Address				
		Santa Mor	nica, CA 904	04			
	City/State and Zip Code						
			@colonyinc.d				
		E-mail address: (to be use	ed for future annual report notif	fication)			
For fur	ther information concerning	g this matter, please call:					
	Linda B	odenstein	310 <u>2</u>	82-8820			
	Name o	of Contact Person	Area Code I.	Daytime Telephone Number			
	MAILING ADDRESS:	STRE	ET ADDRESS:				
	Division of Corporations		on of Corporations				
	Registration Section P.O. Box 6327		ration Section				
	Tallahassee, FL 32314	2661 H	n Building Executive Center Circle cassee, FL 32301				
Enclo	sed is a check for the	following amount:					
Dieio	☐ \$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy			

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#### 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:

BOW A FL-Office, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC."	<del>)</del>
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Company," "L.L.C," "LLC.")	
2. Delaware 3.	
(Jurisdiction under the law of which foreign limited liability company is organized)  3. (FEI number, if applicable)	
4.	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5 2450 Broadway, Sixth Floor	
Santa Monica, CA 90404	
(Street Address of Principal Office)	THE RES
5. 2450 Broadway, Sixth Floor	<u>1888</u> <b>→</b>
Santa Monica, CA 90404	
(Mailing Address)	- <u>-                                  </u>
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/ar	
ColFin BOW Funding A, LLC, sole member	
2450 Broadway, Sixth Floor	
Santa Monica, CA 90404	
8. Attached is an original certificate of existence, no more than 90 days old) duly authenticated by the official having custod in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign land translation of the certificate under oath of the translator 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. David A. Palamé  Typed or printed norms of signals.	guage, a
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.

If unavails	able, the alternate to be used in	n the state of Florida is:		
2. The na	me and the Florida street addr	ess of the registered agent and office are:		
	Corporation Service Com	7014 TAL		
	(Name)		F.	
	1201 Hays Street		数数上に	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		- SEETH E	
	Tallahassee	32301 FL	9: <b>57</b> LORID	
		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

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

### Delaware

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#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BOW A FL-OFFICE, 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 FOURTH DAY OF MARCH, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOW A FL-OFFICE, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JANUARY, A.D. 2014.

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

5475125 8300

140280189

Jeffrey W Bullock, Secretary of State

AUTHENT CATION: 1174689

DATE: 03-04-14

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