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(Re	equestor's Name)	·			
(Ad	ldress)				
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(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

RECEIVED



DATESTEEN OF CORFURATIONS



ON SERVICE COMPANY							
ACCOUNT NO. : I2000000195							
REFERENCE : 131350 4361510							
AUTHORIZATION: Spelle Belle Man							
COST LIMIT : \$ 125.00							
ORDER DATE : May 13, 2014							
ORDER TIME : 10:46 AM							
ORDER NO. : 131350-080							
CUSTOMER NO: 4361510							
FOREIGN FILINGS							
NAME: CAH 2014-2 EQUITY OWNER, LLC							
XXXX QUALIFICATION (TYPE: LL)							
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:							

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 2014-2 Equity Owner, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.,"	د
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")	
2 Delaware 3 46-5205240	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	
···	10712 572 1
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)) THE
5. CAH 2014-2 Equity Owner, LLC	4 6
2450 Broadway, Sixth Floor, Santa Monica, CA 90404 (Street Address of Principal Office)	
6. CAH 2014-2 Equity Owner, LLC	
2450 Broadway, Sixth Floor, Santa Monica, CA 90404	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
CSFR CofFin 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 more than 90 days old, duly authenticated by the official	
having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator	
must be submitted)	
I	
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 in an 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.)	oe. I
David A. Palame, 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.

	of the Limited Liability quity Owner, LLC	• •			_	
If unavailable,	, the alternate to be used	in the state of Florida is:				
2. The name a	and the Florida street add	dress of the registered agent and office are:	•	ALC	14	
	Corporation Service Co	ompany,			YYE	1201
(Name)			88	£	y variani T	
	1201 Hays Street			HO PIC	3	1
Florida Street Address (P.O. Box NOT ACCEPTABLE)		— .	DATE DRIDA	į; ,	Acres	
	Tallahassee	FL 32301		AC AC	្រា	
		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.

Corporation Service Company

By: Asst U.P.

(Signature)

\$ 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 2014-2 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 THIRTEENTH DAY OF MAY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAH 2014-2 EQUITY OWNER, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF MARCH, A.D. 2014.

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

TALLAHASSEE, FLORIFS,

5504466 8300

140622936

Jeffrey W Bullock, Secretary of State AUTHENTY CATION: 1369072

DATE: 05-13-14

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