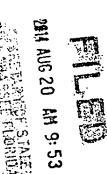
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8/20/14

NAME:

SAVORY REALTY MANAGEMENT LLC

TYPE OF FILING: APPLICATION

COST:

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RETURN: CERTIFIED COPY PLEASE

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COVER LETTER

	Registration Section Division of Corporations		
AVTW VVA	Savoy Realty Management LLC		
SUBJEC	SUBJECT: Name of Limited Liability Company		
Existence	sed "Application by Foreign Limited I , and aback are submitted to register th arn all correspondence concerning this	Liability Company for Authorization to Transact Business in Florida," Cortificate above referenced foreign limited liability company to transact business in Florida in the following:	ito of orida
110030700	an an control de de la control		
		Tara Morales	
		Name of Person	
	Ca	pitol Services - Corporate Filings Team Firm/Company	
		800 Brazos Ste 400 Addresa	
		Austin TX 78701 City/State and Zip Code	
	rchosid@ch E-moli addr	osidlaw.net	
Por further	r information concerning this matter, p	lease call:	<i>(</i> 3)
	Tara Morales	at (800) 345-4647	The state of the s
_	Name of Contact Person	Area Code Daytime Telephone Number	A G
ř R P T	JAHING ADDRESS: Division of Corporations logistration Section O. Hox 6327 Collaborates, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	2911 AUG 20 AM 9: 53
Enclosed	l is a check for the following am \$125.00 Filing Fee \$\int\{\text{\$130.00 Fileste}}\$ Certificate	iling Fee & X\$155.00 Filing Fee & S160.00 Filing Fee, Certificate	··· \$5°

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 Savoy Realty Management LLC			
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.C.,")			
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limi Liability Company," "L.L.C," or "L.L.C.")	ited		
2. DE 3			
(Juritdiction under the law of which foreign limited liability (FEI mimber, if applicable) company is organized)			
4. (Date first transpored business in Floride, if prior to registration.)			
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0903, P.S. to determine penalty liability)			
5. 5550 Glades Road, Suite 200			
Boca Raton, FL 33431			
(Street Address of Principal Office)			
5550 Glades Road, Suite 200			
Boca Raton, FL 33431			
(Mailing Address)			
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:			
Richard G. Chosid, Esq., Chairman Board of Managers			
5550 Glades Road, Suite 200			
Boca Raton, Fl. 33431			
B. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the officence of existence 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 translatust be submitted) Signature of an authorized person	ator	2014 AUG	7
In accordance with scallen 605,0203, P.S., the execution of this decument constitutes an affirmation under the penaltics of perjury that the facts stated herein measure that any false information submitted in a document to the Department of State constitutes a third degree falony as provided for its s.217.155, P.S.)		20	
Richard G. Chosid, Esq.	77 17	AK	
Typed or printed name of signee	000	9	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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 POLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
Savoy Realty Management LLC	
If unavailable, the alternate to be used in the state of Florida is:	
	281 206
2. The name and the Fiorida street address of the registered agent and office are:	NG 2
Capitol Corporate Services, Inc. (Name)	
155 Office Plaza Dr. Ste A Florida Street Address (P.O. Box NOT ACCEPTABLE)	9: 53
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.

Cayle Windle, Asst. Secretary on
(Signature)

Gayle Windle, Asst. Secretary on
Capitol Corporate Services, Inc.

\$ 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

The First State

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

DELAWARE, DO HEREBY CERTIFY "SAVOY REALTY MANAGEMENT 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 TWENTIETH DAY OF AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAVOY REALTY MANAGEMENT LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF AUGUST, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5386635 8300

141090402

Jeffrey W. Bullock, Secretary of State

AUTHENTĄCATION: 1634360

DATE: 08-20-14

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