M14000007085

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
(DC	ocument (vamber)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



700263280657

14 OCT - 1 PH 1:54

FILED

14 OCT - 1 PM 2: 25

SECRETARY OF STATE
ALLAHASSEE, FLORID

OCT = 2 2014
T. BROWN



ON SERVICE COMPANY.	,			
ACCOUNT NO.	: I2000000195			
REFERENCE	: 318144 4361510			
AUTHORIZATION				
COST LIMIT	: Spelle man			
ORDER DATE: September 29, 2014	4			
ORDER TIME : 12:12 PM				
ORDER NO. : 318144-105				
CUSTOMER NO: 4361510				
FOREIGN FILINGS				
NAME: CAF LENDING, 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: Courtney Willia	ams EXT# 62935			

EXAMINER:

COVER LETTER

TO	Registration Section Division of Corporati	ons		
		CAF Lending, LLC		
SUBJI	ECT:	Name of Limited Liability Company		
		oreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of the test to register the above referenced foreign limited liability company to transact business in Florida.		
Please	return all correspondence	e concerning this matter to the following:		
		Director of Legal		
Name of Person				
Colony Capital, LLC				
Firm/Company				
2450 Broadway, Sixth Floor				
		Address		
		Santa Monica, CA 90404		
City/State and Zip Code				
lbodenstein@colonyinc.com				
		E-mail address: (to be used for future annual report notification)		
For fur	her information concerni	ng this matter, please call:		
	Linda E	310 \ 282-8820		
	Name	of Contact Person Area Code Daytime Telephone Number		
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Registration Section Clifton Building		
Enclos	sed is a check for the ☐ \$125.00 Filing Fee	following amount: \$\Boxed{\subset} \\$130.00 \text{ Filing Fee & Certificate } \Boxed{\subset} \\$155.00 \text{ Filing Fee & Of Status & Certified Copy} \Boxed{\subset} \\$160.00 \text{ Filing Fee, Certified Copy} \Boxed{\subset} \\$160.00		

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: CAF Lending, 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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Delaware. (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) Upon filing (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) 6 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: CAF REIT Holdco, LLC, managing 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 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) 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 facis 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
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.

The name of the Limited Liability Company is: CAF Lending, LLC				
If unavailable, the alternate to be used in the state of Florida is: 2. The name and the Florida street address of the registered agent and office are:				
				mpany
(Name)				
et Address (P.O. Box NOT ACCEPTABLE)				
FL 32301 City/State/Zip				
and to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, Florida Courtney Williams Asst. 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

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "CAF LENDING, 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-NINTH DAY OF SEPTEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAF LENDING, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF APRIL, A.D. 2014.

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

5520697 8300

141235380

AUTHENTY CATION: 1739260

DATE: 09-29-14

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