Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Phone Fax Number : (850)222-1092 : (850)878-5368

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Email Address:

Foreign Limited Liability Company CFLC Replace LLC

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OCT 21 2014

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:		ation Section 1 of Corporation	95				
SUBJ	ECT: CF	LC Replace LLC					
				ted Liability Company			
The en Exister	iclosed "A _f nee, and ch	plication by For eck are submine	eign Limited Liability Cor d to register the above reft	mpany for Authorization prenced foreign limited	n to Trai	nsact Business in Florida," Certifi company to transact business in I	cate of Florida.
Please	return el) d	orrespondence o	oncerning this matter to th	e following:			
		CFLC Replace 1	LC - c/o Credit Legal Gro	oup			
			1	Name of Person			
	_	c/o Fortress Inve	stment Group LLC				
			1	Firm/Company			
		1345 Avenue of the Americas, 46th Floor					
				Address			
		New York, NY 1	0105				
	_		City/	State and Zip Code			
	-						
V	ala t Co.		E-mail address: (to be us	en tot shiftne sommet tabor	u Bonitica	non)	
ror tun	mer intorm	ation concerning	this matter, please call:				
	Credit L	egal Group		at (212)	798-610	0	
	_	Name of	Contact Person	Area Code	Dayt	ime Telephone Number	
	Division	G ADDRESS: of Corporations ion Section	Divisio	ET ADDRESS; on of Corporations ration Section			
	P.O. Box		Clifton 2661 E	Building Executive Center Circle assec, FL 32301	;		
Enclos	ed is a cl	neck for the fo	llowing amount:				
			S130.00 Filing Fee & Certificate of Status	S155.00 Filing F Certified Copy	co &	CI \$160.00 Filing Fee, Certificate of Status & Cartified Copy	

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:

CFLC Replace LLC			
(Name of Foreign Limite)	Liability Company; must include "Limited	Liability Company," "L.L.C.," or	นดๆ
Fname unavailable, enter alternate out ability Company," "LLC," or "LLC.	ne adopted for the purpose of transacting b	usiness in Florida. The alternate nu	ne must include "Limited
Dolaware	3.		
(Jurisdiction under the law of which company is organized)	oreign limited Hability	(FEI number, if applical	(a)
Upon registration			
(Jo*	Date first transacted business in Florida, if paections 605,0904 & 605,0905, F.S. to det	rior to registration.) crmine penalty liability)	E G
1345 Avenue of the Americas,	16th Floor		<u> </u>
New York, NY 10105			S(X)
	(Street Address of Principa	Office)	71.0
1345 Avenue of the Americas, 4	6th Floor		25.
New York, NY 10105			
	(Mailing Address)		
The name, title or capacity	and address of the person(s) wh	o has/have authority to ma	nago is/aro:
are K. Furstein, Chief Operating	Jinicer		
45 Avenue of the Americas, 46th	Floor, New York, NY 10105		
Attached is an original certi	ficate of existence, no more than	90 days old, duly authenti-	cated by the official
	ne jurisdiction under the law of v		
	in a foreign language, a manslati	on of the certificate under o	oath of the translator
ust be submitted)		_	
			-
accordance with section 605.0203, F.S., t aware that any false information submitte	Signature of an authori; he execution of this document constitutes an auth d in a document to the Department of State coos	rmation under the penalties of perjusy th	not the facts stated herein are true for in £817,155, F.S.)
Maro K.	Purstein		
<u></u>	Typed or printed name of	eignee	•

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.

unavailable,	the alternate to be used	in the state of Florida is:	
	,		70
. The name a	und the Florida street add	dress of the registered agent and office are:	00
	C T Corporation System		بور میں شدر میں
		(Name)	
	1200 South Pine Island Ro	oad	9.7
	Florida Stre	eet Address (P.O. Box NOT ACCEPTABLE)	
	Plantation	FL 33324	_
		City/State/Zip	
	umed as registered agent		ointment as

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

Delaware

DACE '

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO REREBY CERTIFY "CFLC REPLACE 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 SEVENTEENTH DAY OF OCTOBER, A.D. 2014.

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

5584011 8300

141307786

You may verify this certificate online

AUTHENTICATION: 1790909

DATE: 10-17-14