#M14000008668

| (Re | equestor's Name) | | | |
|---|-------------------|-------------|--|--|
| (Ad | idress) | ~ | | |
| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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| ON SERVICE COMPANY | | | | | |
|---|--|--|--|--|--|
| ACCOUNT NO. : 12000000195 | | | | | |
| REFERENCE : 399430 4337275 | | | | | |
| AUTHORIZATION : | | | | | |
| COST LIMIT : \$ 125.00 | | | | | |
| ORDER DATE : December 3, 2014 | | | | | |
| ORDER TIME : 11:58 AM | | | | | |
| ORDER NO. : 399430-020 | | | | | |
| CUSTOMER NO: 4337275 | | | | | |
| | | | | | |
| FOREIGN FILINGS | | | | | |
| NAME: CF FLORIDA OWNER 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: Courtney Williams EXT# 62935 | | | | | |
| EXAMINER: | | | | | |

COVER LETTER

TO:

Registration Section

| Division of Corporations | | | | |
|---|--|--|--|--|
| SUBJECT: CF FLORIDA OWNER LLC Name of Limited Liability Company | | | | |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Jehoshua Graff | | | | |
| Name of Person | | | | |
| Sukenik, Segal & Graff, P.C. | | | | |
| Firm/Company | | | | |
| 404 Fifth Avenue, 5th floor | | | | |
| Address | | | | |
| New York, NY 10018 | | | | |
| City/State and Zip Code | | | | |
| jgraff@ssglaw.com | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Jehoshua Graff Name of Contact Person Area Code Daytime Telephone Number | | | | |
| Name of Contact Person Area Code Daytime Telephone Number | | | | |
| MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations | | | | |
| Registration Section Registration Section P.O. Box 6327 Clifton Building | | | | |
| Tallahassee, FL 32314 Cinton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 | | | | |
| Enclosed is a check for the following amount: | | | | |
| □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate | | | | |

Certificate of Status

Certified Copy of Status & Certified 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: 1 CF FLORIDA OWNER 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.") (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 512 Seventh Avenue, 15th floor New York, NY 10018 (Street Address of Principal Office) _{6.} 512 Seventh Avenue, 15th floor New York, NY 10018 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: 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 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.S.)

Jehoshua Graff
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 L Florida Owner LLC | - | npany is: | · |
|---|-----------------------|---|-----------------|
| If unavailable, the alt | | he state of Florida is: | |
| 2. The name and the | Florida street addres | s of the registered agent and office are: | 2011-DEC |
| Corp | oration Service Compa | - | PEC-L |
| · 1201 | Hays Street | (Name) | AHO: 09 AHO: OP |
| | Florida Street A | ddress (P.O. Box NOT ACCEPTABLE) | Nation |
| Talla. | hassee | 32301 FL 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: Janet Budhu, Asst. Vice President

(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

The First State

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

DELAWARE, DO HEREBY CERTIFY "CF FLORIDA 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 THIRD DAY OF DECEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CF FLORIDA

OWNER LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF NOVEMBER, A.D.

2014.

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

5645941 8300

141480729

AUTHENTY CATION: 1917199

DATE: 12-03-14

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