Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

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**Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please. **

Email Address:

Foreign Limited Liability Company AG-EREP Cypress II Owner, L.L.C.

Certificate of Status Certified Copy 1 Page Count 06

\$160.00

COVER LETTER

	egistration Section ivision of Corporatio	ns				
SUBJECT	AG-EREP Cypress	II Owner, L.L.C.				
Name of Limited Liability Company						
				to Transact Business in Florida," Certificate of ability company to transact business in Florida		
Please return all correspondence concerning this matter to the following:						
Terri L. Adler, Esq., and File Manger (File No. 2009.1977)						
Name of Person						
	Duval & Stache	nfeld ULP				
			Firm/Company	to the state of th		
	555 Madison Avenue, 6th Floor					
Address						
New York, New York 10022						
City/State and Zip Code						
	tadler@dsllp.com	2				
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Terri L. Adler			at (212) 85	33-1700		
	Name o	Contact Person	Area Code	Daytime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Div Rej Cli 266	REFT ADDRESS: vision of Corporations gistration Section flon Building t Executive Center Circle lahassee, FL 32301			
Enclosed	ic a object for the	following amounts				
		☐ \$130.00 Filing Fee Certificate of Statu		e & S160.00 Filing Fee, Certificate 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:

I, AG	EREP Cypress II Owner, L.L.C.
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.I.C.," or "LLC.")
	inavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Company," "L.L.C," or "L.L.C.")
2. Dela	vare 3.
(Juris	iction under the law of which foreign limited liability (FEI number, if applicable) my is organized)
4	(Dute lirst transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)
5. e/o	Angelo, Gordon & Co., L.P.
	ACC
243	Park Avenue, 24th Floor, New York, New York 10167 (Street Address of Principal Office)
r clo	ngelo, Gordon & Co., L.P.
·	
245	Park Avenue, 24th Floor, New York, New York 10167 (Mailing Address)
	Park Avenue, 24th Floor, New York, New York 10167 (Mailing Address) name, title or capacity and address of the person(s) who has/have authority to manage is/are:
	elo, Gordon & Co., L.P.
	Avenue, 24th Floor, New York, New York 10167
having accept	ched is an original certificate of existence, no more than 90 days old, duly authenticated by the official custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ble. If the certificate is in a foreign language, a translation of the certificate under oath of the translator submitted)
	Signature of an authorized person nee with section 605,0203. F.S., the execution of this document constitutes an affirmation under the penalties of perjusy that the facts stated herein are true has 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.)
	See attached signature page
	Typed or printed name of sinner

AG-EREP CYPRESS II OWNER, L.L.C., a Delaware limited liability company

By: AG-EREP Tampa Portfolio Parent, L.L.C., a Delaware limited liability company, its sole member

By: AG Real Estate Manager, Inc., a Delaware corporation, its manager

By: () Name: DANA ROFFMAN

Title: VICE PRESIDENT

SECRETARY OF STATE

6/17/2015 4:21:24 PM From: To: 8506176381(5/6)

1. The name of the Limited Liability Company is:



CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

15 JUN 17 AM 11: 07 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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.

AG-EREP Cypress II Owner, L.L.C. If unavailable, the alternate to be used in the state of Florida is:					
2. The name	e and the Florida street address o	f the registered agent and office are:			
	C T Corporation System				
	(Name) 1200 South Pine Island Road				
	Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	Plantation	FL 33324			
		City/State/Zip			
liability compregistered as statutes related accept the object.	vany at the place designated in the gent and agree to act in this capacing to the proper and complete p	o accept service of process for the above stated limited his certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and tered agent as provided for in Chapter 605, Florida			
Statutes.		Contin Bush			
	C T Corporation System By: (Signat	ture)			
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)			



15 JUN 17 AM 11: 07

PAGE LEGISTRY OF STATE

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "AG-EREP CYPRESS II OWNER, L.L.C."

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 SIXTEENTH DAY OF JUNE, A.D. 2015.

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

5764626 8300

150930804

Jeffrey W. Bullock, Secretary of AUTHENTY CATION: 2471909

DATE: 06-16-15

You may verify this certificate onlin