

M1500004782

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000149260 3)))



H150001492603ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

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

Email Address: _____

RECEIVED
15 JUN 17 PM 4:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

FILED
15 JUN 17 PM 12:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

6/18/15

6/17/2015 4:17:06 PM From: To: 8506176381(2/6)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AQ-EREP Cypress 1 Owner, L.L.C.

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:

Terri L. Adler, Esq., and File Manger (File No. 2009.1977)

Name of Person

Duval & Stachenfeld LLP

Firm/Company

555 Madison Avenue, 6th Floor

Address

New York, New York 10022

City/State and Zip Code

tadler@dstllp.com

E-mail address: (to be used for future annual report notification)

FILED
15 JUN 17 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Terri L. Adler

Name of Contact Person

at (212)

Area Code

883-1700

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANACT BUSINESS IN THE STATE OF FLORIDA:

1. AG-EREP Cypress I Owner, L.L.C.
(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.")

2. Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. c/o Angelo, Gordon & Co., L.P.
245 Park Avenue, 24th Floor, New York, New York 10167
(Street Address of Principal Office)

6. c/o Angelo, Gordon & Co., L.P.
245 Park Avenue, 24th Floor, New York, New York 10167
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
AG-EREP Tampa Portfolio Parent, L.L.C. - Managing Member
c/o Angelo, Gordon & Co., L.P.
245 Park Avenue, 24th Floor, New York, New York 10167

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 §817.135, F.S.)

See attached signature page

Typed or printed name of signee

FILED
15 JUN 17 PM 12:55
STATE OF FLORIDA
DEPARTMENT OF STATE

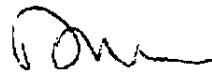
6/17/2015 4:17:06 PM From: To: 8506176381(4/6)

AG-EREP CYPRESS I 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

FILED
15 JUN 17 PM 12:55
DELAWARE STATE
NOTARY PUBLIC

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.

1. The name of the Limited Liability Company is:

AG-EREP Cypress I Owner, L.L.C.

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:

C T Corporation System

 (Name)

1200 South Pine Island Road

 Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation FL 33324

 City/State/Zip

FILED
 15 JUN 17 PM 12:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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.

By: C T Corporation System

 (Signature) *Connie Bryan* Assistant Secretary

- \$ 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 "AG-EREP CYPRESS I 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.

FILED
15 JUN 17 PM 12:55
SECRETARY OF STATE
DELAWARE



5764611 8300

150930790

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

Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2471895

DATE: 06-16-15