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## Foreign Limited Liability Company CCREI FUND I, LLC

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10/29/2015

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| CCREI FUND I, LLC   | riga Limited Liability Company; must include "Li  |   | and Call   |
|---|---|---|--|
| (Name of Fore   | nga Limited Liability Company; must include "Li   | mited Liability Company," "L.E.C.," o                     | F"LEG,")   |
| (It name unavailable, enter al<br>Liability Company," "L.L.C."                        | ternate name adopted for the purpose of transaction "or "LLC.")   | ng business in Florida. The alternate na                  | me must include 'Limited   |
| 2. DELAWARE   | 3   |   |  |
| (Jurisdiction under the law company is organized)                                     | of which foreign limited liability  | (PEI number, if applicable                                | ;)   |
| 4. UPON FILING OF TH  |   |   |  |
| 420 S. ORANGE AVE   | (Date first transacted business in Florida,<br>(See sections 605.0904 & 605.0905, F.S. to<br>NUB #950   | If prior to registration.) s determine penalty liability) | ~-3  |
| 5   |   |   | - 32 -   |
| ORLANDO, FLORIDA  |   |   | <u> </u>   |
| 6. 420 S. ORANGE AVE  | (Street Address of Principal Offi<br>NUE #950   | ce)   | 7 29 T   |
| ORLANDO, FLORIDA  | A 32801   |   | - 三三二  |
|   | (Mailing Address)   |   |  |
| 7. Name and street address  | s of Florida registered agent: (P.O. Box NC   | T acceptable)   | 9.6<br>1.08<br>1.08<br>1.08<br>1.08  |
|   | JOAQUIN B. MARTINEZ   | <b></b>   | <b>8</b>   |
| Name:   |   | <del></del>   |  |
| Office Address:   | 450 S. ORANGE AVENUE, SUITE 200   |   |  |
|   | ORLANDO   | , Florida <u>32801</u>                                    | _  |
| Registered agent's accept   | (City)  | (Zip code)  |  |
| Having been named as reg<br>designated in this applicat<br>to complywith the provisio | sistered agent and to accept service of proceion, I hereby accept the appointment as reg<br>ns of all standips relative to the proper and<br>ny position astrogistered agent. | istered agent and agree to act in ti                      | his capacity. I further agree  |
| •   | (Registered agent's   | sign <b>ature)</b>  | -  |
| 8. The name, title or capac<br>CCREI MANAGER LLC.                                     | city and address of the person(s) who has/ha  | ve authority to manage is/are:                            |  |
| 420 S. ORANGE AVENU   | E #950  |   | The state of the s |
| ORLANDO, FLORIDA 32   | 2801  |   | ······································   |
|   | of existence, no more than 90 days old, duly f which it is organized. (If the certificate is institted)   |   |  |
| •   | Signature of an authori   | zed parson  | <b></b>  |
|   | in accordance with section 605.0203 (1) (b),<br>the Department of State constitutes a third d   |   |  |

Typed or printed name of signes

PAUL ELLIS



Page 1

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

DELAWARE, DO HEREBY CERTIFY "CCREI FUND I, 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-EIGHTH DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2015 OCT 29 AM 9: 06

5801598 8300 SR# 20150672402

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

Jeffrey W. Bulleck, Sucretary of Blefts

Authentication: 10312952

Date: 10-28-15