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To: Division of Corporations
Fax Number : (850) 617-6363

From: Account Name : HRAI SERVICES, LLC
Account Number : 120080900104
Phone : (302) 674-4089
Fax Number : (302) 674-5266

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

Email Address: scalzadilla@cresentheights.com

**Foreign Limited Liability Company
N260CH, LLC**

Certificate of Status	0
Certified Copy	1
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JAN 08 2016

S. YOUNG

RECEIVED
2016 JAN - 7 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED
16 JAN - 7 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H16000004460 3

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. N260CH, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. APPLIED FOR

(FEI number, if applicable)

4. UPON QUALIFICATION

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

5. 2200 BISCAYNE BOULEVARDMIAMI, FL 33137

(Street Address of Principal Office)

6. 2200 BISCAYNE BOULEVARDMIAMI, FL 33137

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: NRAI SERVICES, INC.Office Address: 1200 SOUTH PINE ISLAND ROADPLANTATIONFlorida 33324

(City)

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

N540CH HOLDINGS, LLC, MANAGER2200 BISCAYNE BOULEVARDMIAMI, FL 33137

9. Attached is a 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. (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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

MICHAEL SHEITELMAN, AUTHORIZED REPRESENTATIVE

Typed or printed name of signer

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "N260CH, 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 SIXTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "N260CH, LLC" WAS FORMED ON THE FIFTH DAY OF JANUARY, A.D. 2016.

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

FILED
16 JAN -7 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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SR# 20160079841

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


Jeffrey W. Bullock, Secretary of State

Authentication: 201627381

Date: 01-06-16