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K.SALY EXAMINER FEB - 8 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 986023 78255

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: February 3, 2016

ORDER TIME : 9:03 AM

ORDER NO. : 986023-025

CUSTOMER NO: 7825591

#### FOREIGN FILINGS

NAME: CRESCENT CAPITAL GP 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	
SUBJE	Crescent Capital GP LLC	
oc by i	Name of Limited Liability Company	
The end Existen	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, 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:	
	Jennifer Susich	
Name of Person		
	Crescent Capital Group LP	
	Firm/Company	
11100 Santa Monica Blvd. Suite 2000		
Address		
	Los Angeles, CA 90025	
	City/State and Zip Code	
	Jennifer.Susich@crescentcap.com	
	E-mail address: (to be used for future annual report notification)	
For furt	her information concerning this matter, please call:	
	Jennifer Susich  at ()  Name of Contact Person  Area Code  Daytime Telephone Number	
	Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
Enclose	d is a check for the following amount:  \$\Bigsup \frac{1}{2} \\$125.00 \text{ Filing Fee}  \Bigsup \frac{1}{2} \\$130.00 \text{ Filing Fee} \& \Bigsup \frac{1}{2} \\$155.00 \text{ Filing Fee} \& \Bigsup \frac{1}{2} \\$160.00 \text{ Filing Fee, Certificate of Status} \\  \$\Bigsup \text{Certified Copy}  \text{of Status & Certified Copy} \\  \$\Bigsup \frac{1}{2} \Bigsup \Bigsup \frac{1}{2} \Bigsup \frac{1}{2} \Bigsup \frac{1}{2} \Bigsup \frac{1}{2} \Bigsup \frac{1}{2} \Bigsup \frac{1}{2} \Bigsup \Bigsup \frac{1}{2} \Bigsup \Bigsup \frac{1}{2} \Bigsup \B	

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

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: Crescent Capital GP 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.") Delaware 27-2697837 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 11100 Santa Monica Blvd. Suite 2000 Los Angeles, CA 90025 (Street Address of Principal Office) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee , Florida 32301 (City) 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 complywith 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.
Corporation Service Company Courtney Williams Asst. Vice President (Registered agents signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: 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)

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.

George P. Hawley

Typed or printed name of signee

Page 1

# Delaware

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CRESCENT CAPITAL GP 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 FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CRESCENT CAPITAL GP LLC" WAS FORMED ON THE FOURTH DAY OF MAY, A.D. 2010.

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

Authentication: 201773488

Date: 02-03-16

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