



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

PERMIT CARD - PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3.3: An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies." The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD. PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS, SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE TOWN OF WINDERMERE, FLORIDA.

Scope of Work: Demo: Pool Enclosure

Comments: Pre-demolition inspection required.

Project Information

Address: 5127 Monet Ave. Belle Isle, FL 32812
Parcel ID: 17-23-30-4380-05-130
Property Owner: Colfin Ai-FL4 LLC
Phone Number: None

Company Name: Justice Building Company
Contractor Name: Justice, Brian
License Number: CGC1517296
Address: 6965 Piazza Grande Ave 205, Orlando, FL 32835
Phone Number: 321-400-1165

Permit Number: 2014-10-020

Date of Application: 10/11/2013

Date Permit Issued: 10/11/2013

WARNING TO OWNER: "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.

BUILDING FEATURES

IMPACT FEES

School \$

ZONING FEES

Zoning Fee \$70.00 AFT

UNIVERSAL ENG - BUILDING FEES

Demo \$50.00 AFT
Building \$
Fence \$
Driveway \$
Shed \$
Window(s) \$
Door(s) \$
PrePower \$
Electrical Fee \$
Temp Pole \$
Plumbing Fee \$
Mechanical Fee \$
Gas Fee \$
Roofing \$
Boat Dock \$
Screen Encl \$
Swimming Pool \$

SURCHARGE FEES

Surcharge Fee \$2.00
Surcharge Fee \$2.00

TOTAL FEES \$124.00

Date Paid 10-15-13

CC or Check # Visa 3495

Amount Paid 124.00

The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).

BUILDING INSPECTOR USE ONLY

IF APPLICABLE:

Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO

1 BUILDING

1st Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ (Footing/Foundation)

2nd _____ (Slab)

3rd _____ (Lintel) Wall Reinforcing on Masonry Building

4th _____ (Exterior Framing) (Roof/Wall Sheathing)

5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

6th _____ (Insulation to be Made After Roof Installed)

7th _____ (Drywall)

8th _____ (Sidewalk/Driveway)

9th _____ (Other)

10th _____ (Final - After MEP and Other Applicable Finals)

1 ROOFING

1st ROOFING Deck Nailing/Dry-in/Flashing _____

2nd ROOFING Covering In-Progress _____

3rd ROOFING Covering Final _____

PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)

1st _____ (Underground) 2nd _____ (Sewer)

3rd _____ (Rough-In/Tub Set) 4th _____ (Final)

CHECK APPROPRIATE BOX

GAS ___ Natural ___ LP MECHANICAL ELECTRICAL LOW VOLTAGE

1st _____ (Rough-In) 2nd _____ (Final)

Inspection requests are to be emailed to BidScheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 1pm. Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.



Building Permit (Land Use) Application

DATE: 10/2/2013

PERMIT # 2014-10-020

PROJECT ADDRESS 5127 Monet Ave

Belle Isle, FL ☐ 32809 ☑ 32812

PROPERTY OWNER Coffin A+FI 4 LLC

PHONE

VALUE OF WORK (labor & material) \$ 5000

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

Demolish non-conforming car port enclosure.

Please provide information, if applicable.

- Survey specific foundation plan required to show compliance with zoning setbacks
- **BOAT DOCK:** DEP Clearance Required with Application (Call 407-897-4100); please provide a copy of their report
- **SEPTIC SYSTEM (RESIDENTIAL):** – Provide verification of OC Health Dept approval for on-site septic tank system, per FAC Chap. 64E-6
- Homeowners will be required to have a contractor on record for homes that are rented and/or not homestead

Please Complete for the City of Belle Isle Zoning Review: Parcel Id Number: 17-23-30-4380-05-130

To obtain this information, please visit <http://www.ocpafl.org/Searches/ParcelSearch.aspx>

SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCROACH INTO ANY EASEMENT OR REQUIRED SETBACK. Note, this Zoning Approval MAY or MAY NOT be in conflict with your Deed Restrictions. For New Single Family Residence, a Traffic Impact Fee and School Impact will be assessed.

Attached Survey _____ SETS and Construction Plans _____ SETS

PLANNING & ZONING APPROVAL: _____ DATE _____

PLEASE COMPLETE for Building Review

CONSTRUCTION TYPE _____ Res: X _____ Single Fam X _____ Multi Fam _____
 OCCUPANCY GROUP _____ Comm _____ #UNITS_#STORIES1 _____ TOTAL SQ.FT. 400 _____
 MAX. FLOOR LOAD _____ MAX. OCCUPANCY _____
 MIN. FLOOR ELEV. _____ LOW FLOOR ELEV. _____
 WATER SERVICE _____ WELL _____ SEPTIC _____

BUILDING REVIEWER *M. Suarez* DATE 10-11-2013
NOTES *Schedule a pre-demolition inspection.*

Per FSS 105.3.3:

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Republic Services is by legal contract the sole authorized provider of garbage, recycling, yard waste, and commercial garbage and construction debris collection and disposal services with the city limits of the City. Contractors, homeowners and commercial businesses may contact Republic Services at 407-293-8000 to setup accounts for Commercial, Construction Roll Off, or other services needed. Rates are fixed by contract and are available at City Hall or from Republic Services. The City enforces the contract through its code enforcement office. Failure to comply will result in a stop work order.

SEPARATE PERMITS ARE REQUIRED FOR ROOFING, ELECTRICAL, PLUMBING, GAS, MECHANICAL, SIGNS, POOLS, ENCLOSURES, ETC.

Wind Exposure Category: B C D

SPRINKLERS REQ'D	Y	N
IF Required – SUBMIT COPY OF PLANS FOR FIRE REVIEW	<input checked="" type="radio"/>	<input type="radio"/>
Date: Sent _____ RCD _____		
ZONING	N	\$ 70 ⁰⁰
CERT OF OCC	Y	\$ _____
TRAFFIC	Y	\$ _____
SCHOOL	Y	\$ _____
FIRE	Y	\$ _____
SWIMMING POOL	Y	\$ _____
SCREEN ENCLOSURE	Y	\$ _____
ROOFING	Y	\$ _____
BOAT DOCK	Y	\$ _____
BUILDING	Y	\$ _____
WINDOW(S)	Y	\$ _____
DOOR(S)	Y	\$ _____
FENCE	Y	\$ _____
SHED	Y	\$ _____
DRIVEWAY	Y	\$ _____
OTHER <i>Demol</i>	Y	\$ 927 ⁰⁰

3% FL SURCHARGE

TOTAL

By Owner Form NA
 Notice of Commencement NA
 Power of Attorney NA
 Contractor Packet Included? Y N

OTHER PERMITS REQUIRED:

ELECTRICAL Y NA
 PREPOWER Y NA
 MECHANICAL Y NA
 PLUMBING Y NA
 ROOFING Y NA
 GAS Y NA

5000
400
ATF
1240
12000



City of Belle Isle
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
 Tel 407-581-8161 * Fax 407-581-0313 * www.universaleengineering.com

Building Permit (Land Use) Application
 To be completed as required by State Statute Section 713 and other applicable sections.

PERMIT # 2014-10-020

Owner's Name Colfin Ai-FI 4 LLC
 Owner's Address C/O Cah Manager, 9305 E Via De Ventura Ste 201, Scottsdale, AZ 85258-3423

Contractor Name Brian Justice	Company Name Justice Building Company
License # CGC 1517296	Company Address 6965 Piazza Grande Ave Suite 205
Contact Phone/Cell 407-361-7475	City, State, ZIP Orlando, FL 32835
Contact Email brian@justicebuildingcompany.com	Contact Fax 321-400-1165

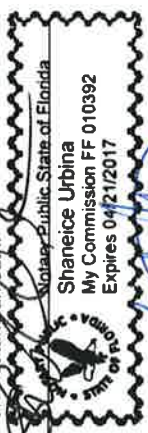
WARNING TO OWNER: Your failure to record a Notice of Commencement may result in your paying twice for improvements to your property. A notice of commencement must be recorded if job is \$2500(+) or if A/C Replacement \$7500(+) and posted on the job site before the first inspection. If you intend to obtain financing, consult with your lender or an attorney before recording your Notice of Commencement.

I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Division of Building Safety Regulations (www.floridabuilding.org) and City Ordinances (www.municode.com) regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable City and/or State of Florida codes and for ordinances. Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for all other construction including ROOFING, ELECTRICAL, MECHANICAL, PLUMBING, GAS, SIGNS, POOLS, SCREEN ENCLOSURES, ETC.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

Owner Signature Dino Coppola
 The foregoing instrument was acknowledged before me this 10/9/13
 by Dino Coppola who is personally known to me
 and who produced Driver's License
 as identification and who did not take an oath.

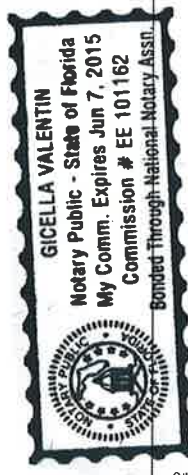
Notary as to Owner
 State of Florida
 County of Orange



Contractor Signature Justice Building Company
 COMPANY NAME Justice Building Company

The foregoing instrument was acknowledged before me this 10/9/2013
 by Franklin Brian Justice who is personally known to me
 and who produced FL DL
 as identification and who did not take an oath.

Notary as to Owner
 State of Florida
 County of Orange



<p>Impervious Surface Ratio Worksheet</p> <p>Development Zoned A-1, A-2, R-1-AAA, R-1-AA, R-1-A, R-1 per City Code, Section 50-74: Impervious Surface Ratio</p> <p>1. Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE). Total Lot Area _____ X 0.35 = _____ Allowable Impervious Area (BASE) _____</p> <p>2. Calculate the "proposed" impervious area on the lot. This includes the sum of all areas that do not allow direct percolation of rainwater. Examples include house, pool, deck, driveway, accessory building, etc</p> <ul style="list-style-type: none"> • House _____ • Driveway _____ • Walkway _____ • Accessory Buildings _____ • Pool & Spa _____ • Deck & Patio _____ • Other _____ <p>Actual Impervious Area (AIA) _____</p> <p>3. If AIA is less than BASE, subtract AIA from BASE to determine the amount of impervious area that may be added without providing onsite retention.</p> <p>4. If AIA is greater than BASE, then onsite retention <u>must be provided</u>.</p> <p>Assuming 7.5 inches of rainfall based on a 24hr 10 year Rain Event (TP40), the formula is: <u>(7.5 inches rainfall/12 inches p/foot) X (result from line 4) = cubic feet of storage volume needed</u></p>

PROJECT NUMBER 0115.1300655.0000

TASK NUMBER 03

After fact
fact

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-10-020
Property Owner	Coltin Ai-FLY LLC
Address	3127 Monet Ave
Nature of Improvement	Demolish Pool Enclosure
Received Application	10-11-13
Sent for Stormwater Review	
Stormwater Approved	
Sent for Zoning Review	
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	10-11-2013
Building Official Approved	10-11-2013
Comments	
1.	I told contractor that we need Voc
2.	licence & insurance
3.	
4.	Schedule Pre-Demo Inspection
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

Permit Number: _____
Folio/Parcel Identification Number: 17-23-30-4380-05-130
Prepared by: _____



Return to: _____

NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **Description of property** (legal description of the property, and street address if available)

Lake Conway Estates Section Two BEARAT X/150 LOT 13 BLUE 5127 PROVED T&WF

2. **General description of improvement**

Demolish non-conforming corp. str.

3. **Owner information or Lessee information if the Lessee contracted for the improvement**

Name Coltin Ai-Fl LLC

Address 9305 E Via de Ventura Ste 201 Scottsdale AZ 85258

Interest in Property SWP&A

Name and address of fee simple titleholder (if different from Owner listed above)

Name _____
Address _____

4. **Contractor**

Name BRIAN JUSTICE

Telephone Number 407-361-7475

Address 1757 MALON WAY DR ORLANDO FL 32828

5. **Surety** (if applicable, a copy of the payment bond is attached)

Name _____ Telephone Number _____

Address _____ Amount of Bond \$ _____

6. **Lender**

Name _____ Telephone Number _____

Address _____

7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**

Name _____ Telephone Number _____

Address _____

8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**

Name _____ Telephone Number _____

Address _____

9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

Dino Cappala

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager _____ Signatory's Title/Office _____

The foregoing instrument was acknowledged before me this 9 day of 10/13 by Dino Cappala
month/year name of person

as authorized partner for Coltin Ai-FL LLC
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Signature of Notary Public - State of Florida

Print, type, or stamp commissioned name of Notary Public

Personally Known _____ OR Produced ID ✓
Type of ID Produced Driver's License



By MARITA O. HAYNIE Deputy Comptroller
I hereby certify that this is a true copy of the document as filed in the Official Records
State of Florida, County of Orange
Date: _____

EXHIBIT B

CERTIFICATE OF AUTHORITY TO ACT
ON BEHALF OF LIMITED LIABILITY COMPANY

We, the undersigned, hereby certify that the signatures of all of the members and managers of CSFR COLFIN AMERICAN INVESTORS, LLC, a Delaware limited liability company, the Manager of COLFIN AI - FL 4, LLC, a Delaware limited liability company (the "LLC") are affixed to this instrument; that the signatures appearing below are the genuine signatures of such persons named below; that the LLC is engaged in the business of investing in, renovating, repairing and/or refurbishing, real property in Central Florida (the "Properties").

We hereby authorize **CASTLE CONSTRUCTION AND DEVELOPMENT, LLC** and/or its Members (collectively, the "Manager"), for and on behalf of the LLC to:

- 1) arrange for, coordinate, supervise, administer and manage, on behalf of and for the account of the LLC, all normal and customary activities and services required for the refurbishment and renovation of the Properties, which services shall be performed at a level of care and duty consistent with that of other professional construction management companies managing assets similar to the Properties. The LLC hereby acknowledges and agrees that the Manager may either provide such services directly and/or engage third party vendors and subcontractors approved by the LLC, to provide such services to the Properties (each, a "Third-Party Contractor"); provided, however, that notwithstanding anything in any agreement to the contrary, (i) any agreement between the Manager and a Third-Party Contractor shall be substantially in the form of Exhibit A attached hereto unless the LLC in its sole discretion agrees otherwise in writing, (ii) the Manager shall at all times be responsible for supervising such Third Party Contractor (s), and (iii) in no event shall the engagement by the Manager of any Third-Party Contractor relieve the Manager of any of its obligations or liabilities under any agreement with the LLC; and

- 2) execute and deliver any documents necessary for, or associated with, the foregoing, including, but not limited to executing any documents in connection with the Florida Construction Lien Laws;

We agree that any contractor, subcontractor, title company, seller, buyer, lessor, or lessee of the Properties may rely on the certifications of such authorized person provided for herein.

We hereby agree that any contractor, subcontractor, title company, seller, buyer, lessor, or lessee of the Properties are entitled to rely on this certificate until it receives written notice from the LLC of a change in the terms hereof and has a reasonable opportunity to act on such notice. This instrument is executed under the seal of each of the undersigned.


[Signature page to follow.]

(1)

COLFIN AI-FL 4, LLC, a Delaware limited liability company

BY ITS MANAGING MEMBER:

CSFR ColFin American Investors, LLC,
a Delaware limited liability company,

By:  _____

By: _____

DATE: 5/2/2013 _____

**RESOLUTION
OF
CASTLE CONSTRUCTION & DEVELOPMENT, LLC
A Florida Limited Liability Company**

WHEREAS, CASTLE CONSTRUCTION & DEVELOPMENT, LLC (the "Company") was formed by the filing of the Articles of Organization with the Florida Secretary of State and registering said Company with the Georgia Secretary of State as a foreign limited liability company on December 5, 2012;

WHEREAS, the undersigned Managing Member of the Company desires to appoint DINO COPPOLA to take any and all actions, execute any documents and take any steps deemed by him to be necessary, desirable, or appropriate in order to obtain permits from the appropriate authorities, turn on or off utilities and communicate with homeowner's associations on behalf of the Company.

NOW, THEREFORE, BE IT RESOLVED that DINO COPPOLA is hereby authorized to take any and all actions, execute any documents and take any steps deemed by him to be necessary, desirable, or appropriate in order for him to carry out the purpose and intent of this Resolution and to consummate any of the actions contemplated herein, for properties in the name and on behalf of the Company.

BE IT FURTHER RESOLVED that the powers given to Dino Coppola in this Resolution shall expire on May 13, 2014 or upon termination of employment, whichever occurs first.

IN WITNESS WHEREOF, this Resolution is signed, sealed and delivered as of this 13th day of May, 2013.

**CASTLE CONSTRUCTION &
DEVELOPMENT, LLC, a Florida limited
liability company**



Andy Capps, as Managing Member

**Electronic Articles of Organization
for
Florida Limited Liability Company**

L12000101256
FILED 8:00 AM
August 07, 2012
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:

CASTLE CONSTRUCTION & DEVELOPMENT, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

399 CAMINO GARDENS BOULEVARD
SUITE 304
BOCA RATON, FL. 33432

The mailing address of the Limited Liability Company is:

399 CAMINO GARDENS BOULEVARD
SUITE 304
BOCA RATON, FL. 33432

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

ALBO J ANTENUCCI JR.
399 CAMINO GARDENS BOULEVARD
SUITE 304
BOCA RATON, FL. 33432

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.

Registered Agent Signature: ALBO J. ANTENUCCI JR.

Article V

L12000101256
FILED 8:00 AM
August 07, 2012
Sec. Of State
jbryan

The name and address of managing members/managers are:

Title: MGRM
CASTLE REAL ESTATE GROUP, LLC
399 CAMINO GARDENS BOULEVARD, SUITE 304
BOCA RATON, FL. 33432

Title: MGRM
CPP PROPERTIES, LLC
521 VILLAGE TRACE NE, BUILDING 10, STE 200
MARIETTA, GA. 30067

Article VI

The effective date for this Limited Liability Company shall be:

08/01/2012

Signature of member or an authorized representative of a member

Electronic Signature: ALBO J. ANTENUCCI JR.

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2013
Secretary of State

DOCUMENT# L12000101256

Entity Name: CASTLE CONSTRUCTION & DEVELOPMENT, LLC

Current Principal Place of Business:

399 CAMINO GARDENS BOULEVARD
SUITE 304
BOCA RATON, FL 33432

Current Mailing Address:

399 CAMINO GARDENS BOULEVARD
SUITE 304
BOCA RATON, FL 33432

FEI Number: 46-0745745

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANTENUCCI, ALBO JJR.
399 CAMINO GARDENS BOULEVARD
SUITE 304
BOCA RATON, FL 33432 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Manager/Member Detail Detail :

Title	MGRM	Title	MGRM
Name	CASTLE REAL ESTATE GROUP, LLC	Name	CPP PROPERTIES, LLC
Address	399 CAMINO GARDENS BOULEVARD, SUITE 304	Address	521 VILLAGE TRACE NE, BUILDING 10, STE 200
City-State-Zip:	BOCA RATON FL 33432	City-State-Zip:	MARIETTA GA 30067

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 600, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALBO J ANTENUCCI JR

MANAGING MEMBER

02/09/2013

Electronic Signature of Signing Manager/Member Detail

Date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2013

CSC
HARRY B DAVIS

Qualification documents for COLFIN AI-FL 4, LLC were filed on January 10, 2013, and assigned document number M13000000329. Please refer to this number whenever corresponding with this office.

Your limited liability company is authorized to transact business in Florida as of the file date.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Contact the IRS at 1-800-829-4933 for an SS-4 form or go to www.irs.gov.

Please notify this office if the limited liability company address changes.

Should you have any questions regarding this matter, please contact this office at the address given below.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section
Division of Corporations

Letter Number: 113A00001229

Account number: I20000000195

Amount charged: 125.00

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. ColFin AI-FL 4, 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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

3. _____
(FEI number, if applicable)

4. 1/8/13
(Date of Organization)

5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 2450 Broadway, 6th Floor, Santa Monica, CA 90404

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:

CSFR ColFin American Investors, LLC

2450 Broadway, 6th Floor, Santa Monica, CA 90404

10. 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.)

11. Nature of business or purposes to be conducted or promoted in Florida: Real estate investment

Linda Bodenstein, Authorized Signatory
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), 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 s.817.155, F.S.)

Linda Bodenstein, Authorized Signatory for ColFin AI-FL 4, LLC

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, 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:

ColFin AI-FL 4, LLC

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:

Corporation Service Company

(Name)

1201 Hays Street

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

Tallahassee


FL 32301

City/State/Zip

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 608, Florida Statutes.

Corporation Service Company

By:


Harry B. Davis
Asst. Vice President

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

RECEIVED
DIVISION OF CORPORATIONS
13 JAN 10 AM 9:56

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COLFIN AI-FL 4, 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 NINTH DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COLFIN AI-FL 4, LLC" WAS FORMED ON THE EIGHTH DAY OF JANUARY, A.D. 2013.

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



5271840 8300

130031698

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


Jeffrey W Bullock, Secretary of State
AUTHENTICATION: 0133409

DATE: 01-09-13

WRITTEN CONSENT
OF SOLE MEMBER
OF

COLFIN AI-FL 4, LLC
(a Delaware limited liability company)

The undersigned, being the sole Member of ColFin AI-FL 4, LLC (the "Company") hereby takes the following action and adopts the following resolutions:

WHEREAS, the Company proposes from time to time to enter into certain confidentiality agreements, non-binding letters of intent, and non-binding standard form Florida real estate purchase contracts and related addendums, and other agreements in connection with potential investment opportunities for investment funds affiliated with the Company;

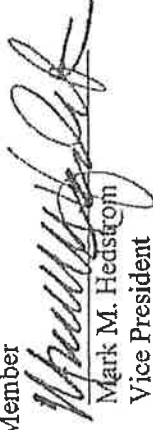
IT IS HEREBY RESOLVED, that each of the following persons (each an "Authorized Signatory") is hereby authorized to execute and deliver, on behalf of the Company, any such confidentiality or other agreement that such Authorized Signatory deems suitable for execution:

Ed Dailey
Justin Chang
Thomas F. Harrison
Kevin P. Traenkle
Darren J. Tangen
Paul Fuhrman
Richard D. Nanula
Todd Sammann
Richard S. Welch
Neale Redington
Leon Schwartzman
Arik Praver
John R. McKee
Justin Iannacone
Ryan McBride
Hench LeMaistre
Andrew Witt
Bryan Wysel
Evan Jaleh
Jay Byce
Dan Henry
Colin Brechbill
Lance Popp

IN WITNESS WHEREOF, the undersigned has executed these resolutions as of the
27th day of February, 2013.

CSFR ColFin American Investors, LLC,
Sole Member

By:



Mark M. Hedstrom
Vice President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/10/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION** IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Phone: (386) 734-9642 Fax: (386) 734-6701
PAGE INSURANCE AGENCY
 PO BOX 1209
 500 E NEW YORK AVE
 DELAND FL 32721-1209

Agency Lic#: R010619

CONTACT NAME: Darcey Tascher
 PHONE (386) 734-9642 FAX (386) 734-6701
 EMAIL: dtascher@pageinsuranceagency.com
 ADDRESS: INSURER(S) AFFORDING COVERAGE

INSURER A	Vinings Insurance Company	NAIC #
INSURER B	Association Insurance Company	
INSURER C		
INSURER D		
INSURER E		
INSURER F		

COVERAGES CERTIFICATE NUMBER: 73363

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURER	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		GLP011857501	05/01/13	05/01/14	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED. EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED (Mandatory in NH) Y/N <input type="checkbox"/> N/A DESCRIPTION OF OPERATIONS below		WCV01185801	05/01/13	05/01/14	WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE-EA EMPLOYEE \$ 100,000 E.L. DISEASE-POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

CITY OF BELLE ISLE
 1600 NELA AVE
 BELLE ISLE FL 32809

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Attention: FX 407-581-0313

Michelle S. Delaney
 AUTHORIZED REPRESENTATIVE

Michelle S. Delaney

ACORD 25 (2010/05)

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STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
 1940 NORTH MONROE STREET
 TALLAHASSEE FL 32399-0783

(850) 487-1395

JUSTICE, FRANKLIN BRIAN
JUSTICE BUILDING COMPANY
 1757 MALON BAY DRIVE
 ORLANDO FL 32828

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong. Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

AC# 6147338

CGC1517296 05/31/12 118195323

CERTIFIED GENERAL CONTRACTOR
JUSTICE, FRANKLIN BRIAN
JUSTICE BUILDING COMPANY

IS CERTIFIED under the provisions of Ch. 489 F
 Expiration date: AUG 31, 2014 L12053101674

AC# 6147338

DETACH HERE

THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINEMARK™ PATENTED PAPER

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12053101674

DATE	BATCH NUMBER	LICENSE NBR
05/31/2012	118195323	CGC1517296

The GENERAL CONTRACTOR
 Named below IS CERTIFIED
 Under the provisions of Chapter 489 FS.
 Expiration date: AUG 31, 2014

JUSTICE, FRANKLIN BRIAN
JUSTICE BUILDING COMPANY
 1757 MALON BAY DRIVE
 ORLANDO FL 32828

RICK SCOTT
 GOVERNOR

KEN LAWSON
 SECRETARY

DISPLAY AS REQUIRED BY LAW