M0400005645

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	.
(Business Entity Name)	
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Certified Copies Certificates of Status	÷
Special Instructions to Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 14, 2004

MICHAEL KANOFF 3500 FLAMINGO DRIVE MIAMI BEACH, FL 33140

SUBJECT: 311 LINCOLN MIZNER PLACE LLC

Ref. Number: W04000045663

A TECHNIC STATES

We have received your document for 311 LINCOLN MIZNER PLACE LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 504A00069663

TRANSMITTAL LETTER

TRANSMITTAL LETTER				
424 M 1011EE 414	9 A			
TO: Registration Section	45 Or 1			
Division of Corporations				
Division of Corporations				
	75 2 O			
SUBJECT: 311 Lincoln Mizner Place LLC	oility Company)			
(Name of Limited Liab	illity Company)			
(Name of Emined Liai	mity Company)			
The enclosed "Application by Foreign Limited Liability Co Florida," Certificate of Existence, and check are submitted liability company to transact business in Florida				
Please return all correspondence concerning this matter to	he following:			
•	ū			
Michael Kanoff				
(Name of Pe	rson)			
But M. Committee				
Berta Management of Florida				
(Firm/Comp	any)			
2500 Floreings Drive				
3500 Flamingo Drive				
(Address)				
Miami Pasah Elarida 22140				
Miami Beach, Florida 33140				
(City/State and Z	ip Code)			
For further information concerning this matter, please call:				
Lawrence Abrams	31 703-3713			
at C				
(Name of Person) (Ar	ea Code & Daytime Telephone Number)			
CONTROL AND DECO.	MATERIC ADDRESS.			
STREET ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
409 E. Gaines Street	P.O. Box 6327			
Tallahassee, Florida 32399	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155 Certificate of Status	.00 Filing Fee & 2 \$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy			

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

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

(Name of Foreign Limited	
	d Liability Company)
Delaware (Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. 11/23/04 (Date of Organization)	3. (FEI number, if applicable) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
(Date first transacted business in Care Sections 608.501 & 608.502 F 7. 3500 Flamingo Drive, Miami Beach, FL 33140	Florida, if prior to registration.)
(Street Address) 3. If limited liability company is a manager-manage 4. The name and usual business addresses of the ma	<u> </u>
320 Lincoln Limited Liability Company 3500 Flaming	go Drive, Miami Beach, FL 33140
	
he jurisdiction under the law of which it is organized. (A photoco ranslation of the certificate under oath of the translator must be su	,
he jurisdiction under the law of which it is organized. (A photoco ranslation of the certificate under oath of the translator must be su	opy is not acceptable. If the certificate is in a foreign language, a
ne jurisdiction under the law of which it is organized. (A photococanslation of the certificate under oath of the translator must be sure. 1. Nature of business or purposes to be conducted. Ownership and leasing of real property. Signature of a member or an a (In accordance with section 08.498(3).)	opy is not acceptable. If the certificate is in a foreign language, a bmitted.)

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	of the Limited Liability Company is:	
311 Lincoln Mizr	zner Place LLC	
2. The name as	and the Fiorida street address of the registered agent and office are:	
	Michael Kanoff	
	(Name)	
	3500 Flamingo Drive	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Miami Beach, FL 33140	
	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.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "311 LINCOLN MIZNER PLACE 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 TWENTIETH DAY OF DECEMBER, A.D. 2004.



Warriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3563869

DATE: 12-20-04

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