

M06000002556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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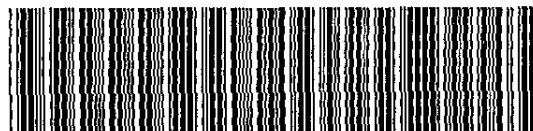
(Business Entity Name)

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W06-19557  
J. BRYAN APR 26 2006

J. BRYAN MAY - 9 2006

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ascott Apartments, LLC  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, 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:

Keith G. Halperin, Esq.  
(Name of Person)

Levy & Halperin, LLP  
(Firm/Company)

381 Park Avenue South  
(Address)

New York, NY 10016  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Keith G. Halperin, Esq. at ( 212 ) 481-3700  
(Name of Person) (Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**LEVY & HALPERIN, LLP**  
381 PARK AVENUE SOUTH  
SUITE 713  
NEW YORK, NEW YORK 10016  
TEL (212) 481-3700  
FAX (212) 481-7222

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\*\*\*\*\*  
DATE: May 4, 2006

TO: Florida Department of State OF:

Attention: Joey Bryan

FROM: Will Boylan-Pett, Paralegal CC:

FAX No: (850) 245-6030

TEL No: (850) 245-6043 RE: Authorization to Conduct Business

**NUMBER OF PAGES INCLUDING THIS SHEET: 3**

\*\*\*\*\*

Dear Mr. Bryan:

Attached please find a good standing certificate for Ascott Apartments, LLC. This is coming pursuant to your letter number 506A00028691. This should be all you need to continue with our application. I have enclosed a pre-paid Fed-Ex shipping label for the return of the document. Please call if you have any more questions. Thanks a lot.

Very Truly Yours,

Will Boylan-Pett  
Paralegal

*Unless otherwise indicated or obvious from the nature of the transmittal, the information contained in the facsimile message is ATTORNEY PRIVILEGED AND CONFIDENTIAL information intended for the use of the individual or entity named above. If the reader of the message is not the intended recipient, please immediately notify us by telephone. Thank you.*

***If you do not receive all pages, please telephone immediately.  
(212) 481-3700***



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 26, 2006

KEITH G. HALPERIN, ESQ  
LEVY & HALPERIN, LLP  
381 PARK AVENUE SOUTH  
NEW YORK, NY 10016

SUBJECT: ASCOTT APARTMENTS, LLC  
Ref. Number: W06000019557

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06 MAY - 3 PM 4:11 8

We have received your document for ASCOTT APARTMENTS, 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 or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing 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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 506A00028691

**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. Ascott Apartments, LLC

(Name of Foreign Limited Liability Company)

2. Delaware

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. 3/13/2006

(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. c/o Maxx Properties 875 Mamaroneck Avenue

Mamaroneck, New York 10543

(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:

Ascott Apartment Acquisition Company, LLC, a Delaware limited liability company

c/o Maxx Properties 875 Mamaroneck Avenue

Mamaroneck, New York 10543

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: Ownership of an  
apartment building.

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.)

Keith G. Halperin, Authorized Agent

Typed or printed name of signee

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**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:

Ascott Apartments, LLC

2. The name and the Florida street address of the registered agent and office are:

Baxter and Elias, LLP

(Name)

15500 New Barn Road, Suite 104

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

Miami Lakes

FL 33014

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.*

Robert Elias

(Signature)

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

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# Delaware

PAGE 1

*The First State*

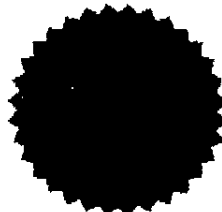
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "ASCOTT APARTMENTS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE THIRTIETH DAY OF MARCH, A.D. 2006, AT 4:20 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "ASCOTT APARTMENTS, LLC".

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DIVISION OF CORPORATIONS  
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*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

4132210 8310

AUTHENTICATION: 4713490

060406541

DATE: 05-02-06