M0200000377

, (Re	equestor's Name)	
(Ac	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
: :		

Office Use Only

B. KOHR
JAN 2 4 2008
EXAMINER



200108431082

RECEIVED

8 Jan 24 HII: 23

18 Jan 24 HII: 23

B. KC
JAN 24

EXAMIN_

D8 JAN 24 PH 1: 50
SECRETARY OF STATE
NOT ANASSEE, FLORID

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662, TALLAHASSEE, FL 32302 155 OFFICE PLAZA DRIVE, SUITE A, TALLAHASSEE, FL 32303 PHONE: (850) 216-0457 / FAX: (850) 216-0460

DATE: 1/24/2008

NAME: DADELAND TOWERS NORTH ASSOCIATES,

LLC

TYPE OF FILING: APPLICATION TO TRANSACT

BUISNESS

COST: \$125

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: PAUL ABBIT HOOGE

OM A TO APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZAT TRANSACT BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Dadeland Towers North Associates, 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.," "LLC.") 2. Delaware Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 5. Perpetual (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. One Presidential Blvd. Suite 300 Bala Cynwyd, PA 19004 (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: William H. Glazer, Manager One Presidential Blvd. Suite 300 Bala Cynwyd, PA 19004

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

ownership

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.)

Theresa M. Cooke, Authorized Representative

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.

	the Limited Liability Company is:
Dadeland T	owers North Associates, LLC
If name unavail	able, the alternate name to be used in the state of Florida is:
2. The name an	d the Florida street address of the registered agent and office are:
	Capitol Corporate Services, Inc.
	(Name)
	155 Office Plaza Drive, Suite A
	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.

Ballaro a facilities, Asst. Sec.

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DADELAND TOWERS NORTH ASSOCIATES, 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 TWENTY-THIRD DAY OF JANUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DADELAND TOWERS NORTH ASSOCIATES, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JANUARY, A.D. 2008.

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

4491970 8300

080075727

AUTHENTICATION: 6331681

DATE: 01-23-08

Harriet Smith Windsor, Secretary of State

You may verify this certificate onlin