

M08000000377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

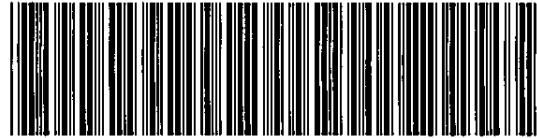
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

**B. KOHR**  
JAN 24 2008  
**EXAMINER**



200108431082

RECEIVED  
08 JAN 24 AM 11:23  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**B. KOHR**  
JAN 24  
**EXAMINER**

**FILED**  
08 JAN 24 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662, TALLAHASSEE, FL 32302  
155 OFFICE PLAZA DRIVE, SUITE A, TALLAHASSEE, FL 32301  
PHONE: (850) 216-0457 / FAX: (850) 216-0460**

---

**FILED**  
JAN 24 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DATE: 1/24/2008**

**NAME: DADELAND TOWERS NORTH ASSOCIATES,  
LLC**

**TYPE OF FILING: APPLICATION TO TRANSACT  
BUSINESS**

**COST: \$125**

**RETURN:**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: PAUL / ABBIE HODGE**

---



**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:

Dadeland Towers North Associates, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

\_\_\_\_\_

2. The name and 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.*

Barbara A. Kaufman, Asst. Sec.  
(Signature)

\$ 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 1

*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

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6331681

DATE: 01-23-08