Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H080000715873)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

L. SELLERS

MAR 21 2008

Account Name : HARPER MEYER #5

Account Number : 120060000102

Phone : (305)577-3443 Fax Number : (305)577-9921

EXAMINER

ORIDA/FOREIGN LIMITED LIABILITY CO.

MSN 2893 Leasing LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155,00 |

Electronic Filing Menu

Corporate Filing Menu

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

| IN COMPLIANCE WITH SECTION 608503, FLORIDA STATE LIMITED LIBILITY COMPANY TO TRANSACT BUSINESS IN TH | | S, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NUMBER OF FLORIDA: |
|---|---------------|---|
| MSN 2893 LEASING LLC | | |
| (Name of Foreign Limited Liability Company; must in | clud | e "Limited Liability Company," "L.L.C.," or "LLC.") |
| (If nares unavailable, omer alternate name adopted for the pur consent of the managers or managing members adopting the a Company," "L.L.C.," "LLC.") | poši licin | e of transacting business in Florida and attach a copy of the wrater rate name. The alternate name must include "Limited Liability |
| 2. Delaware | 3. | 33-1194329 |
| (Jurisdiction under the law of which foreign limited liability company is organized) | , | (PEI number, if applicable) |
| 4. October 31, 2007 | 5. | Perpetual |
| (Date of Organization) | | (Duration: Year limited liability company will cease to exist or "perpetual") |
| 6. upon filing | | |
| (Date first transacted business in I (See sections 608.501 & 608.502 F. | loi S. t | ida, if prior to registration.) o determine penalty liability) |
| 7. 701 Brickell Avenue, Suite 1400, Miami, | Fie | orida 33131 |
| | | |
| (Street Address | is of | Principal Office) |
| 8. If limited liability company is a manager-manage | d c | ompany, check here 🔯 . |
| 9. The name and usual business addresses of the ma | រាកវិ | ring members or managers are as follows: |
| Manager - Robert Genise, 701 Brickell Av | vet | ue, Suite 1400, Miami, Florida 33131 |
| Manager - Arthur Schmidt, 701 Brickell A | ve | nue, Suite 1400, Mianui, Florida 33131 |
| Manager - Dr. Heinz Westen, 701 Brickel | l A | venue, Suite 1400, Miami, Florida 33131 |
| 10. Attached is an original contitionte of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photoco translation of the certificate under each of the translation must be sail | py i | |
| A ^l | | • |
| 11. Nature of husiness or purposes to be conducted of | or þ | romoted in Pibrias: |
| | | |
| 14/1V | ٠, | |
| Signature of a member or an ar | ully 12 S | prized representative of a member, the execution of this document constitutes |
| an afficiention under the pondition of per | ımy | that the facts are too herein are true.) |

Typed or printed name of signes

DOB MAR 20 AM 7:5

HO8000071587 3

H08000071587 3

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.

| | ASING LLC | | | | |
|--|---------------------------------|-------------------------------------|--|--|--|
| If name unavailable, the alternate name to be used in the state of Florida is: | | | | | |
| | | | | | |
| 2. The name and | the Plorida street address of t | he registered agent and office are: | | | |
| 1 | aw Center of the Americ | as, LLC | | | |
| | | (Name) | | | |
| 7 | 01 Brickell Avenue, Suite | e 1400 | | | |
| | Florida Street Address | (P.O. Box NOT ACCIPITABLE) | | | |
| | g | ₂₃ 33131 | | | |
| N | Iiami | Fl. | | | |

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.

Law Cenyer of the Americas, LLC BY:

Name: Steven H. Hagor Tirle: Vice President

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

DOUBMAR 20 AM 7:51 SECRETARY OF STATE

H08000071587 3

H08000071587 3

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MSN 2893 LEASING 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 NINETEENTH DAY OF MARCH, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MSN 2893 LEASING LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF OCTOBER, A.D 2007.

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

4443761 8300 080336204



Harnet Smith Windson, Secretary of State
AUTHENTICATION: 64629990 A

DATE: 03-19-08