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11、11 19 4联 4联 6接降 19 66 1 FLORIDA/FOREIGN LIMITED LIABILITY CO.

19650 NE 18th AVE LLC

Certificate of Status	0 .
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J. BRYAN

OCT 2 8 2009

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10/27/2009

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

IN COMPILANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

		10650:NE 18	TH AVE LLO	~		
(Nam	e of Foreign Limited Liability	Company; must incli	ude "Limited .	Liability Company," "L	L.C.," or "LLC.") .
				• • • •		
sent of th	vailable, enter alternate name e e managers or managing memb 'L.L.C." "LLC.")	dopted for the purpopers adopting the alte	ose of transact emate name. T	ing business in Florida a he alternate name must	nd attach a copy include "Limited	of the writte Liability
	Dolaware	-	2			
urisdicti impany i	on under the law of which foreis sorganized)	gn limited liability	o	(FEI number, if ap)	licable)	~ ~
	Oct. 20, 2009		5.	perpetual		
	(Date of Organization)		(Duration exist or "	n: Year limited liability i	ompany will coa:	se to
						2 9
	(See sections 608	acted business in Flo .501 & 608.502 F.S.	orida, if prior to determine	to registration.) penalty liability)		SE SI
625 Eye	Street, N.W., Washington, D.C	. 20006	· · · · · · · · · · · · · · · · · · ·			
		1 1 1 ES	. 1 7871	* *	(£2.
		(Street Address	of Principal C	iffice)		<u> </u>
			•	•		20.
flimite	d liability company is a m	anager-managed	company, o	heck here		EGI. FLORIE
		, 1.45 E	10003	. –		3m
լիե սուս	re and usual business adde	esses of the man	aging meml	iers or managers are	as follows:	4.3
Th ! !:	I -b I I6 I	8463 0-1 31-	n	- 4- 81 Olt 0 - 4	MD 20010	
THE UNIT	on Labor Life Insurance Compa	iny, 8403 Colesyillo	Kora, iniree	inth Floor, Sliver Spring	MD 20910	 -
		en bron ran uite				
						
hardrant &	is an original certificate of exister	ne no more than 90 d	lowedd dalu e	a theoriested by the offici	al havino errando	of records i
	under the law of which it is org					
	the certificate under cath of the tr				w waster fort	, - · · ·
HAPPET US	the control of the control that control the co	Comment in the construction				
Nature	of business or purposes to	be conducted or	promoted i	n Florida: All real e	state related activ	ities,
cluding	but not limited to, ownership o management, brokerage and the	f all types of real cau				
		Life Insurance Comp	relief.			
	Signature of a	member or an au	thorized rep	resentative of a mer	nber.	
	(In eccordance with	nection 605.408(3), F.	S_ the execution	in of this document constit	ptes	
	en allumation und Tenne Velucite	or the penalties of petit	The second	s stated herein are true.) Hive of a mem	heir	
	reces Asieutine,	Typed or printed				
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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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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.

	•	100 March 100	
1. The name of	f the Limited Liability Comp	any is:	
	19650	NE 18TH AVE LLC	
If unavailable, (the alternate to be used in the	state of Florida is:	
	<u> </u>		·
2. The name ar	nd the Florida street address	of the registered agent and office	are:
	ст	Corporation System	50 0 0
٠		(Name)	90012 SECRETA SECRETA
		South Pine Island Road	HAR 21 F
	Florida Street Add	icss (P.O. Bok <u>NOT</u> Acceptable)	SE I
	Plantation	35324	F 69.
	,	City/State/Zip	AM 8: 35 AFE, FLORIO
Having heen na	med as revistered agent and t	o accept service of process for the	ohove stated limited
liability compan agent and agree relating to the pi	ty at the place designated in th to act in this capacity. I furth roper and complete performa	nis certificate, I hereby accept the c her agree to comply with the provi nice of my duiles, and I am familian as provided for in Chapter 608, F	appointment as registered stons of all statutes with and accept the
CTC	ornoration System		•
By: ////	(Signature)	Mark S. Eppicy	
	(a) Branchion	Assistant Vice-Preside	
	\$ 100,00	QNO Secretary Filing Fee for Application	·
	\$ 100.00		ent
	\$ 30.00	Certified Copy (optional)	

5.00 Certificate of Status (optional)

N#.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "19650 NE 18TH AVE LLC", FILED IN THIS OFFICE ON THE TWENTIETH DAY OF OCTOBER, A.D. 2009, AT 6:07 O'CLOCK P.M.

AUTHENTICATION:

DATE: 10-20-09