M 09 VUVUU4325

(Rec	uestor's Name)	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number;)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
		į

Office Use Only



800162142748

11/03/09--01004--020 **155.00

DESPRISHENT OF STATE DIVISION OF CORPORATIONS TALKAHAS SEEF FLORIDA

RECEIVED

09 NOV -3 PH 2: 10

B. KOHR
NOV 8 2009
EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET

FILING COVER SHEET ACCT. #FCA-14

CONTACT: Kim Weidenbach DATE: 11/3/09 **REF. #:** 000466.114093 CORP. NAME: DADELAND INVESTORS LLC () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () TRADEMARK/SERVICE MARK () FICTITIOUS NAME () ANNUAL REPORT (XX) FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () LIMITED LIABILITY () WITHDRAWAL () REINSTATEMENT () MERGER () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK#532452 FOR \$ 155.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$____

PLEASE RETURN:

(XX) CERTIFIED COPY () CERTIFICATE OF GOOD STANDING () PLAIN STAMPED COPY

() CERTIFICATE OF STATUS

Examiner's Initials

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

IN (COMPLIANCE WITH SECTION 608,303, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIG TIED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
l	Dadeland Investors LLC (Name of Foreign Limited Liability Company; investinctude "Limited Liability Company," "L.L.C.," or "LLC.")
oons	ame unavailable, enter elternate name adopted for the purpose of transacting business in Ploride and attach a copy of the writter tent of the managers or managing members adopting the siternate name. The alternate name must include "Limited Liability tpany," "L.L.C," "L.L.C.")
2.	Dejaware 3 27-0953542
(J	Delaware 3. 27-0953542 urladiction under the law of which foreign limited liability (FBI number, if applicable) umpany is organized)
4.	7/31/2009 5. perpetual (Date of Organization) (Duration: Year limited liability company will cease to
_	(Date of Organization) (Duration: Year limited liability company will cease to exist or "petpetual")
6. L	Jpon Filing
- p	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine pensity liability)
7. 7	250 North Kendall Drive
1	Mlami, FL 33166
_	(Street Address of Principal Office)
8, II	f limited liability company is a manager-managed company, check here 🗹
Э. Т	he name and usual business addresses of the managing members or managers are as follows:
9	Gordon Laing, Chief Executive Manager,
-	100-1475 Lower Water Street, Hallfax, Nova Scotia B3J 3Z2
F	Robert Macpherson, Manager - 6017 Quinpool Road, Halifax, Nova Scotia B3K 5J7
eju	mached is an original cartificate of existence, no more than 90 days old, duly authenticated by the official fraving custody of records in isolation under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fireign language, a ution of the certificate under eath of the translator must be submitted.)
1. P	Vature of business or purposes to lie conducted or promoted in Florida:
	Any lawful bysiness .
	Syde Pri
-	Signature of a member or an authorized representative of a member.
	(in accordance with section 60%, 40%(3), F.S., the execution of this document constitutes as affirmation under the penalties of perjury that the facts stated herein are true.)
	Flobarthhaphanna Gordon Laing
	Typed or printed name of signes

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.

	Dadeland I	nvestors	-LV	
If unavailable, the alt	ernate to be used in the sta	te of Florida	is:	
				·········
2. The name and the	Florida street address of th	ne registered	agent and office are:	
	CorpDire	ct Agents,	nc.	
	•	(Name)		
	515 Eas	t Park Aver	ue	
	Florida Street Address	(P.O. Box NO	T ACCEPTABLE)	
	Tallahassee	FL	32301	
	1	City/State/Zip		
Having been named a	s registered agent and to ac		of process for the above sta ereby accept the appointme	

(Signature) Michele Holden Assistant Secretary

obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DADELAND INVESTORS 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 THIRTIETH DAY OF OCTOBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DADELAND INVESTORS LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JULY, A.D. 2009.

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

4716010 8300

090977679

Jeffrey W. Bullock, Secretary of State AUTHENTYCATION: 7613581

DATE: 10-30-09

You may verify this certificate online at corp.delaware.gov/authver.shtml