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## FLORIDA/FOREIGN LIMITED LIABILITY CO. 2 COLUMBUS AVENUE, LLC

Certificate of Status	0
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 2 COL	UMBUS of Foreig	AVENUE,	LLC bility Comp	ny; mus	t include	"Limited	Liability Co	mpany	, "L.L.	C.," or "LLC	<del>.'')</del>	_
(If name unav consent of the Company," "I	managers	or managing	name adopte ; members ad	d for the plopting th	purpose le alterni	of transact ate name. T	ing business he alternate	in Flo	rida and must inc	l attach a cop clude "Limit	y of the	_ e written ility
2. New Yo	rk				3.	42-17	69684					
(Jurisdictio company is	n under th	e law of which	h foreign lin	nited liab	ility		(FEI nu	mber,	if applic	cable)		_
4. August	18, 2 (Date	009 of Organizati	on)		5.	(Duration exist or	tual n: Year lim perpetual")	ted list	oility co	mpany will c	ease to	<del></del>
б												_
		(Date fir (See section	st transacted one 608.501	business & 608.50	in Flori 2 F.S. to	da, if prior determine	to registrati penalty lia	on.) bility)				_
7. <u>c′o</u>	2 Sout	h Bisca	yne Bou	levar	đ, Su	ite 34	00					_
	Miami,	Florid	a 33131	-18 <b>9</b> 7							•	
			(:	Street Ad	dress of	Principal (	Office)					_
8. If limited	d liabilit	y company	is a manag	er-man	aged co	ompany,	check her	x				
9. The name	ie and us	ual busines	s addresse	s of the	manag	ing mem	bers or ma	mager	rs are a	ıs follows:		
	Cinzia	Akbara	ly	······	<b></b>							_
<u>c/o</u>	2 S. E	iscayne	Boulev	ard,	Suite	3400,	Miami	, FL	3313	31-1897		-
10. Attached in the jurisdiction of the statement of the	under the he certifica	law of which te under oath	it is organized of the translat	i(Apho ormustb	tocopy is esubmit	enotaccept and)	abla Ifthec	etifica	eisin a	foreign lang.	Dage, a	cords in
11. Nature				conduct	ea or p	romoted	in Flomda	11	ansac	scrud ar	1γ	-
or all	lawfı	ıl busin	.ess								_	,
		(In secorda	c of a mem to with section from under the p Type	n 608:408 construct o ia, E	(3), F.S., fptajury sq.,	the execution	m of this doc s stated herei cized R	ument c	onstitute	s SS	9 DEC 15 AM 8: 1	

## 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	f the Limited Liability C	Company is:		
2 COLUMBU	JS AVENUE, LLC			
If unavailable, 1	the alternate to be used	in the state of Flori	ida is:	,
2. The name ar	nd the Florida street add	lress of the register	ed agent and office are:	,
	GY CORPORATE	SERVICES, INC	2.	*
		(Name)	· ··· ·	<del></del>
	2 S. Biscayne	Boulevard, S	Suite 3400	,
	Florida Stree	et Address (P.O. Box	NOT ACCEPTABLE)	
	MIAMI	FL	33131-1897	
		City/State/Z	ip	
liability companagent and agree relating to the pobligations of m	ny at the place designated e to act in this capacity. roper and complete perf	d in this certificate, I further agree to co formance of my duti agent as provided fo	ce of process for the abov I hereby accept the appo omply with the provisions es, and I am familiar with or in Chapter 608, Floria	intment as registered of all statutes h and accept the
	\$ 10	0.00 Filing Fee f	or Application	Ó9 DE SECA NLLA

\$ 25.00 Designation of Registered Agent Certified Copy (optional)

Certificate of Status (optional)

\$ 30.00

## State of New York Department of State State of New York

I hereby certify, that 2 COLUMBUS AVENUE, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/18/2009, and that the Limited Liability Company is existing so far as shown by the records of the Department.

水水油



Witness my hand and the official seal of the Department of State at the City of Albany, this 08th day of December two thousand and nine.

Daniel Shapiro

First Deputy Secretary of State

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