

Account Name : BILZIN SUMBERG BAENA PRICE & AXELHODIN Account Number : 075350000132

Phone : (305)374-7580

Fax Number : (305)351-2122

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

**Mail Address:

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SECRETARY OF STATE
ALLAHASSEE. FLORIDA

Foreign Limited Liability Company 39TH ST. (DEL.) LLC

Certificate of Status	1
Certified Copy	1
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 39th St. (Del.) LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
CO	if name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability company," "L.L.C," "LLC.")	
	Delaware 3	
_,	(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
4	[0/13/10 5, perpetual	
٦,	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6.		
υ.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7	3841 N.E. 2nd Avenue, Suite 400, Miami, Florida 33137	
,	3841 N.E. 2nd Avenue, Suite 400, Miami, Florida 33137 ARR (Street Address of Principal Office)	

	(Street Address of Principal Office)	***
8.	. If limited liability company is a manager-managed company, check here	
9.	The name and usual business addresses of the managing members or managers are as follows:	C
	Miami Design District Associates Manager, LLC, a Delaware limited liability company	
	3841 N.E. 2nd Avenue, Suite 400, Miami, Florida 33137	
fh tra	O. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a anslation of the certificate under onth of the translator must be submitted.) 1. Nature of business or purposes to be conducted or promoted in Florida:	
	To engage in any lawful act or activity.	
	To order to many remain was or destroy.	
	Sinsia	
	Signature of a member or an authorized representative of a member.	
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	
	Linda Ebin, Authorized Representative	
	Typed or printed name of signes	

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1. The name of the Limited Liability Company is:

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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.

39th St. (Del.) L	rc			
If unavailable,	the alternate to be used in th	e state of Florida is:		
2. The name a	and the Florida street address	of the registered agent and office are:		
	And Balder		SECRETA VITE AHAI	7111
	Craig Robins	(Name)	- A	Ę
		(11470)	ASS.	ž
	3841 N.E. 2nd Avenue, Suite 400	נ	SHAY	-
	Florida Street Ado	iress (P.O. Box NOT ACCEPTABLE)	TO E	
,	Miami	mr 33137		
		City/State/Zip	- 原形 58	
liability compa agent and agre relating to the	iny at the place designated in the to act in this capacity. Regard proper and complete performing position as registered agenth. By:	to accept service of process for the above this certificate, I hereby accept the appoint ther agree to comply with the provisions of the provisions of the provided for in Chapter 608, Florida is a p	ment as registered fall statutes nd accept the	
	(Sign Craig Robins \$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)		

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "39TH ST. (DEL.) 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 THIRTEENTH DAY OF OCTOBER, A.D. 2010.

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

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INLLAHASSEE, FLORIDA

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You may verify this cartificate onlin

AUTHENTY CATION: 8287790

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DATE: 10-13-10