Division of Corporations **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.

(((H110001413373)))



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

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: BILZIN SUMBERG BAENA PRICE & AXELROD LLP Account Name

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.

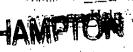
Email Address:

Foreign Limited Liability Company GABLES STATION GP, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing Menu



JUN - 2 2011

EXAM

FAX:3053747593

PAGE 3/ 6

850-617-6381

5/31/2011 10:32:20 AM PAGE

1/001 Fax Server



May 31, 2011

FLORIDA DEPARTMENT OF STATE

BILZIN SUMBERG BAENA PRICE & AXELROD LLP

SUBJECT: GABLES STATION GP, LLC

REF: W11000029647

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

FAX Aud. #: #11000141337 Letter Number: 711A00013237

1/001 PAX DEFVER



June 1, 2011

850-617-6381

FLORIDA DEPARTMENT OF STATE

BILZIN SUMBERG BAENA PRICE & AKELROD LLP

SUBJECT: GABLES STATION GP, LLC

REF: W11000029647

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II FAX Aud. #: H11000141337 Letter Number: 011A00013343

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

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

	MITEDLIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		
1.	Gables Station GP, LLC (Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L,L,C.," or "LLC.")	-	
ÇQ	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabi impany," "L.L.C." "LLC.")	wrluer lity	1
2.	Delaware 3. Applied for		
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		
4	5/6/11 5 Perpetual		
••	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	•	
6.			
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	•	
7.	2665 S. Bayshore Drive, Suite 1200		Ð
	Coconut Grove, Florida 33133	=	VIS
	(Street Address of Principal Office)	. ≧	82
8.	If limited liability company is a manager-managed company, check here	HW I-NOF	DIVISION OF CORPORATIONS
9.	The name and usual business addresses of the managing members or managers are as follows:	P	ORP(
	Miami Metropolitan Regional Center LLC, a Florida limited liability company, sola member	8: 1	STA JRAI
	2665 S. Bayshore Drive, Suite 1200, Coconut Grove, Florida 33133	9	NOI!
			0,
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receiptisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relation of the certificate under oath of the translator must be submitted.)	ords in	-
11	. Nature of business or purposes to be conducted or promoted in Florida:		
	To engage in any lawful act or activity.		
	Signature of a member of a member.		
	(In accordance with section 608.408(3), If Stiffs execution of this document constitutes an affirmation under the		
	penalties of perjury that the facts stated height are true Lam aware that any faise information submitted in a		
	document to the Department of State of Institutes a third degree felony as provided for in s.817.155, F.S.)		

Typed or printed name of signee

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 the Limited Liability	y Company is:	
Gables Station	GP, LLC		
lf unavailable	e, the alternate to be us	ed in the state of Florida is:	
2. The name	and the Florida street a	address of the registered agent and office are:	
	C T Corporation System	•	
		(Name)	
	1200 South Pine Island I		
	Florida S	rect Address (P.O. Box NOT ACCEPTABLE)	
	Plantation	pL 33324	
•		City/Sune/Zip	

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.

By: C T Corporation System

Madonna Cuddihy
Special Assistant Secretary

(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

11 JUN -1 AH 8: 19

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GABLES STATION GP, 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 NINTH DAY OF MAY, A.D. 2011.

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

4979074 8300

110504674

Jeffrey W. Bullock, Secretary of State

DATE: 05-09-11