

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.

(((H11000226323 3)))



H110002263233ABCU

		enerate another cov			<u>.</u>	2011 S
					7	台口
To:					3	~ < C
	Division of Co	rporations			7	<u> </u>
	Fax Number	: (850)617-6383			Ţ	
From:						
	Account Name	: BILZIN SUMBER	BAENA	PRICE	AXELROD	
	Account Number	: 075350000132				조곡 _
	Phone	: (305)374-7580				

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

: (305)351-2122

Email Address:

Fax Number

1 SEP 15 AN II: 28 ECRETARY OF STATE LLAHASSFE, FLORID

Foreign Limited Liability Company Amir Lots LLC

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

35 mare

J. SAULSBERRY EXAMINER

SEP 16 2011

Electronic Filing Menu

Corporate Filing Menu

Help

H11000226323 3

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

IN COMPLIANCE WITH SECTION (08.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Amir Lots LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(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.")
2. Delaware
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. 12/21/2010 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. 3841 N.E. 2nd Avenue, Suite 400, Miami, Florida 33137
ARE SEP
(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
Miami Design District Associates Manager, LLC, a Delaware limited liability company
3841 N.E. 2nd Avenue, Suite 400, Miami, Florida 33137
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
To engage in any lawful act or activity.
/s/ Linda Ebin
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 signce

H11000226323 3

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.

If unavaila	ble, the alternate to be	used in the state of Florida is:	
2. The nan	ne and the Florida stree	et address of the registered agent and office are:	2011 SEP 15 SECRETAR TALLAHASS
	Craig Robins		<u>₹</u> ₩ 6
		(Name)	ASS ASS
	3841 N.E. 2nd Avenue, Suite 400 Florida Street Address (P.O. Box NOT ACCEPTABLE)		EE, F
	Miami	FI 33137	STATE LORIDA
		City/State/Zip	
		agent and to accept service of process for the above sta gnated in this certificate, I hereby accept the appointm	

By: /s/ Craig Robins

(Signature)

Craig Robins

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)

H11000226323 3

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMIR LOTS 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 FOURTEENTH DAY OF SEPTEMBER, A.D. 2011.

AND I DO HERBBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

SECRETARY OF STATE

4916907 8300

111003826

You may verify this certificate online

Jeffrey W. Bullock. Secretary of State

OTHENTICATION: 9026601

DATE: 09-14-11

H11000226323 3