## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax: Number : (850)617-6393

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000037

Phone : (845)425-0677 : (845)818-3588 Fam Number

JUL 2 5 2013

L. SELLERS

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

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#### Foreign Limited Liability Company LVP HMI Ft. Lauderdale LLC

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

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

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. LVP HMI Ft. Lauderdale LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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 writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
<sub>2.</sub> Delaware <sub>3.</sub> 46-3220895
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. July 17, 2013 <sub>5.</sub> 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. 1985 Cedar Bridge Ave. Attn: Legal Dept.
Lakewood, NJ 08701
(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:
LVP HMI Ft. Lauderdale Holdings LLC
1985 Cedar Bridge Ave., Suite 1
Lakewood, NJ 08701
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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 oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Real Estate
SSET SSET STATE OF THE STATE OF
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 aftirmation and the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in an
document to the Department of State constitutes a third degree felony as provided for in s.8 1755, FSS
David Lichtenstein

Typed or printed name of signee

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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.

STATE OF FLORIDA.		
1. The name of the Limited Liability Company is:  LVP HMI Ft. Lauderdale LLC  If unavailable, the alternate to be used in the state of Florida is:		
VCc	orp Services, LLC	
	(Name)	
501	1 South State Road 7, Suite 106	
	Plorida Street Address (P.O. Box NOT ACCEPTABLE)	
Dav	vie FL 33314	
	City/State/Zip	
liability company at the registered agent and agi statutes relating to the p	registered agent and to accept service of process for the above stated limited place designated in this certificate, I hereby accept the appointment as ree to act in this capacity. I further agree to comply with the provisions of all proper and complete performance of my duties, and I am familiar with and I my position as registered agent as provided for in Chapter 608, Florida MP SWICLS LLC  Many (Signature)  AGS 15 fan (Signature)	

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

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# Delaware

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### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LVP HMI FT. LAUDERDALE 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 TWENTY-FOURTH DAY OF JULY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LVP HMI FT.

LAUDERDALE LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JULY, A.D.

2013.

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

5368453 8300

130911780

AUTHENTICATION: 0610864

DATE: 07-24-13

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

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