

7/11/2014 14:02:20 From: T: 850316383 (1/5)
Division of Corporations Page of

A14000004926

Florida Department of State
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.

(((H14000166058 3)))



H140001660583ABC+

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: Account Name : C T CORPORATION SYSTEM
Account Number : FCAG00000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

FILED
2014 JUL 11 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

RECEIVED
14 JUL 11 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
Summer Palms Mezz LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

K. SALY
EXAMINER
JUL 14 2014

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUMMER PALMS MEZZ LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

GIDEON Z. FRIEDMAN

Name of Person

BEACHWOLD RESIDENTIAL LLC

Firm/Company

192 LEXINGTON AVE. SUITE 901

Address

NEW YORK, NY 10016

City/State and Zip Code

NBARILLARO@BEACHWOLD.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLE BARILLARO at (**646**) **354-2114**
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SUMMER PALMS MEZZ 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-1295811

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

**5. c/o BEACHWOLD RESIDENTIAL LLC, 192 LEXINGTON AVE. SUITE 901
NEW YORK, NY 10016**

(Street Address of Principal Office)

**6. c/o BEACHWOLD RESIDENTIAL LLC, 192 LEXINGTON AVE. SUITE 901
NEW YORK, NY 10016**

(Mailing Address)

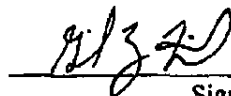
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

GIDEON Z. FRIEDMAN, MANAGER

192 LEXINGTON AVE. SUITE 901

NEW YORK, NY 10016

8. 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 oath of the translator must be submitted)



Signature of an authorized person

(In accordance with section 605.0203, 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.)

GIDEON Z. FRIEDMAN, MANAGER

Typed or printed name of signee

FILED
2014 JUL 11 AM 8:33
STATE OF FLORIDA
DEPARTMENT OF STATE

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 Company is:

SUMMER PALMS MEZZ LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

THE KAMMERMAN LAW GROUP, P.A.

(Name)

790 EAST BROWARD BLVD. SUITE 201

Florida Street Address (P.O. Box NOT ACCEPTABLE)


FORT LAUDERDALE FL 33301

City/State/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 605, Florida Statutes.

THE KAMMERMAN LAW GROUP, P.A., a Florida professional association

By:


(Signature)
Marcy H. Kammerman, President

- \$ 100.00 Filing Fee for Application
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)

FILED
2014 JUL 11 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUMMER PALMS MEZZ 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 ELEVENTH DAY OF JULY, A.D. 2014.

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

5565508 8300

140944436



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1527404

DATE: 07-11-14