Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000220787 3)))



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To:

Division of Corporations

Please retain original filing; date of submission 914

From:

Account Name

; C T CORPORATION SYSTEM

Account Number: FCA000000023

: (850)205-8842

Fax Number

: (850)878-5368

**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 2000 Ocean Drive LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

Division of Corporation	13		
SUBJECT:	OCEAN Name of L	Drive L.	LC
			nsact Business in Florida," Certificate of company to transact business in Florida
Please return all correspondence of	oncerning this matter to the f	ollowing:	
	Na	me of Person	
	Fir	m/Company	
		Address .	
	City/St	ate and Zip Code	_
asl	E-mail ddress: (to be used	for Julier abnual report not	ification)
For further information concerning	g this matter, please call:	,	
Name o	Contact Person	at ()	time Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, PL 32314		Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ec, FL 32301
Enclosed is a check for the follow D \$125.00 Filing Fee	ing amount: \$\sum_\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certifled Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



September 15, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION VIA FAX

SUBJECT: 2000 OCEAN DRIVE LLC

REF: W15000060488

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.

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) 245-6051.

Stacey M Mason Regulatory Specialist II FAX Aud. #: E15000220787 Letter Number: 615A00019381

P.E.SUBMIT
Please rejain original filing
date of submission _414_

RECEIVED
15 SEP 15 ANTI: 52
SECRETARY OF STATE

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. 2000 OCCAN DY WE LECTOR (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 "L.L.C,")
2. De lower (FEI number, If applicable) (FEI number, If applicable)
(Date first transacted business in Florids, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
(See sections 605.0904 & 605.0905, P.S. to determine penalty liability) 5. C.D Weiss Serota Hoffman Cole & Bierman
2525 Porce de Leon BIVD. Suite 700 (oral Gables, FL 33134) (Sireet Aldress of Principal Office)
6CIO WEIGS Serota Helfman Cole & Bierman
2525 Ponce de Leon BLVD. Suite 700 (Oral Gables, FL 35847) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NBAI Services, Inc.
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: NRAI Services, Inc.
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324 5
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
(Registered agent's significant)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc: Shahab Karmely, Manager, 232 Madison Ave., Ste. 200, New York, NY 10016 Ashley M. Miller, Manager, 252 Ponce de Lenn RVD, Stc. 700, (ora) Gables, FL 3313
9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
Signiure of an authorized person
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. ACMED. M. Miller:
Typeft or printed name of signee

9/15/2015 \$48:01 AM From: To: 8506176383(5/5)



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

DELAMARE, DO HEREBY CERTIFY "2000 OCEAN DRIVE 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. 2015.

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

5588372 8300

SR# 20150105590

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

Authentication: 10053961

Date: 09-14-15