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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Email Address:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)205-8842

Fax Number

: (850)878-5368

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## Foreign Limited Liability Company Washington Squared 700 LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$793.75

FEB 05 2016

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Electronic Filing Menu

Corporate Filing Menu

Help

	COVER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: WASHINGTON SQUARED 700 LI	LC .
	me of Limited Liability Company
The enclosed "Application by Foreign Limited Liz Existence, and check are submitted to register the	ability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this in	natter to the following:
Osyaldo Delgado	
	Name of Person
Posner Group LLC	
Toshir Group Zuc	Firm/Company
1691 Michigan Avenue, Suite 44	s Tigg <b>5</b>
	Address
Miami Beach, Florida 33139	
	City/State and Zip Code
odelgado@posnergroup.com	
	s: (to be used for future annual report notification)
For further information concerning this matter, plea	ase coll:
Outside Delegato	ov ( 305 ) 763-8457
Osvaldo Delgado Name of Contact Person	at (305) 763-8457  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 amor	ng Fee & 🔘 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate

## 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. WASHINGTON SQUARED 700 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 liability Company," "L.L.C," or "LLC.")	ne must include "Limited
2. Delaware 3. 47-4767318	
(Jurisdiction under the law of which foreign limited Bability (FEI number, if applicate company is organized)	lc)
4. August 3, 2015	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, P.S. to determine penalty liability)	
5 1691 Michigan Avenue, Suite 445	
Miami Beach, Florida 33139	美名 ま
(Street Address of Principal Office)	三百姓 一
6. Same as Street Address of Principal Office.	AND BUT
	7000
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to man	
	<b>현금 3</b>
Andrew Jobion, Managing Member, 1691 Michigan Avenue, Suite 445, Miami Beach, Florida 33139	
8. Attached is an original certificate of existence, no more than 90 days old, duly authentic having custody of records in the jurisdiction under the law of which it is organized. (A plue	ated by the official
naving custody of records in the jurisdiction under the law of which it is organized. (A pro- acceptable. If the certificate is in a foreign language, a translation of the certificate under c	ath of the translator
must be submitted)	
<b>4</b> 1 m	
Burtle	,
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 the unaware that any files information submitted in a document to the Department of State constitutes a third degree (closy as provided).	nt the facts stated herein are true. [ for in s.\$17,155, F.S.]
Bessle Takatsu, c/o Kasowitz, Benson, Torres & Friedman LLP	
Typed or printed name of signee	

## 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 Liabil	lity Company io	
	N SQUARED 700 LLC	my Company is.	
,		used in the state of Florida is:	*******
2. The name	and the Florida street	t address of the registered agent and office are:	
	C T Corporation Syst	Rem	
		(Name)	
	1200 South Pine Islan		ਰੰ
	Florida	B Street Address (P.O. Box NOT ACCEPTABLE)	EB
	Plantation .	FL 33324 City/State/Zip	
liability compo registered age statutes relati	any at the place design int and agree to act in ing to the proper and c	ngent and to accept service of process for the above stated limited that the special service of process for the appointment as a state of the service of the	9.36
,	C T Corporation S By:	Joe Villeda  (Signature)  Assistant Secretary	•
	9	\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)	

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "WASHINGTON SQUARED 700 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 JANUARY, A.D. 2016.

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



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SR# 20160152454
You may verify this certificate online at corp.delaware.gov/authver.shtml

January W Budiach, Secretary of State

Authentication: 201651446

Date: 01-11-16