Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Jacmine Koman

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP

Account Number: 075350000132 Phone

: (305)374-7580 Fax Number : (305)351-2122

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

Email Address:

Foreign Limited Liability Company

DESIGN TRADEMARK HOLDINGS, LLC

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C. LEWIS

DEC 2 8 2010

EXAMINER

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Help

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTE LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;	<i>A FUREIGN</i>
DESIGN TRADEMARK HOLDINGS, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.	<u>) </u>
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy consent of the managers or managing members adopting the alternate name. The alternate name must include "Limite Company," "L.L.C," "LLC.")	of the written Liability
Belavian	
2 Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
4, 12/07/10 5, perpetual	
(Date of Organization) (Duration: Year limited liability company will ce exist or "perpetual")	ase to
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, Miaml, Florida 33137	~
	2010 DEC.
(Street Address of Principal Office)	<u> </u>
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 com	panyen
3841 N.W. 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 custor the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign languagestation of the certificate under oath 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 #817.155, F	
Linda Ebin, Authorized Representative	
Typed or printed name of signee	

FAX:3053747593

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.

	of the Limited Liability Compa	-		
If unavailabl	e, the alternate to be used in the	state of Florida is:		
2. The name	and the Florida street address of	of the registered age	nt and office are:	
	Cr	aig Robins		2010 DEC 27
	.	(Name)		DEC ?
	3841 N.E. 2nd Avenue, Suite 400 Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Florida Street Addi	ress (P.O. Box NOT AC	CEPTABLE)	Espera
	Miami	FL	33137	7: 55
		City/State/Zip		£-
liability compagent and against the relating to the	named as registered agent and to vany at the place designated in th ree to act in this capacity. I furth e proper and complete performa f my position as registered agent	nis certificate, I herel her agree to comply v nce of my duties, and	ry accept the appoint with the provisions of I I am familiar with a	ment as registered `all statutes nd accept the
	//s// Craig	Robins		
	(Signa	ture)	7 d 1	
	\$ 100.00 \$ 25.00 \$ 30.00	Filing Fee for App Designation of Re- Certified Copy (o)	egistered Agent	

5.00 Certificate of Status (optional)

FAX:3053747593

Delaware PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DESIGN TRADEMARK HOLDINGS, 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-SEVENTH DAY OF DECEMBER, A.D. 2010.

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

4908991 8300 101233617

AUTHENTICATION: 8453281

DATE: 12-27-10

