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Special Instructio	ns to	Filing Officer:	^
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SECRETARY OF STATE:

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RECEIVED
DEPARTMENT OF STAT

J. SAULSBERRY EXAMINER

OCT 30 2012

CORPDIRECT AGEN 515 EAST PARK AVI TALLAHASSEE, FL 222-1173	. 4
FILING COVER S ACCT. #FCA-14	SHEET
CONTACT:	Kim Weidenbach
DATE:	10/29/12
REF. #:	001988.175034
CORP. NAME:	1402 ALTA VISTA PARTNERS, LLC
	( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME  ICATION ( ) LIMITED PARTNERSHIP ( ) LIMITED LIABILITY  ( ) MERGER ( ) WITHDRAWAL
710 1110 MIZ/111	E CONTRACCOUNT IT TO BE DEBITED.
	COST LIMIT: \$
PLEASE RETUR	N:
( XX ) CERTIFIED CO  ( ) CERTIFICATE OF	PY (XX ) CERTIFICATE OF GOOD STANDING ( ) PLAIN STAMPED COPY STATUS

Examiner's Initials

#### **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: 1402 Alta Vista Partners			
Name	of Limited Liability Company		
The enclosed "Application by Foreign Limited Liabili Existence, and check are submitted to register the above	ty Company for Authorization to Transact Business in Florieve referenced foreign limited liability company to transact be	da," Certifica usiness in Fl	ate of lorida
Please return all correspondence concerning this matter	er to the following:		
John G. Burgee		···	
	Name of Person		
Burgee & Abramoff, PC		_	
	Firm/Company		
20501 Ventura Boulevard	I, Suite 262	_	
	Address	_	
Woodland Hills, CA 91364		三名	2817.0CT.29
,	City/State and Zip Code	Cos AH	<u> </u>
jburgee@bandalaw.ne	•		
E-mail address: (to	be used for future annual report notification)		ŏ ; ¯
For further information concerning this matter, please call:		1 7/	
John G. Burgee	at (818 ) 264-7575		
Name of Person	Area Code & Daytime Telephone Number	<i>→</i> ^ C	2
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 \$\int \\$125.00\ \text{Filing Fee}  \text{\$\sum_{\text{Certificate}} \text{ of State}}	& \$155.00 Filing Fee & \$160.00 Filing Fee, Cert		

## 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 REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

. 1402 Alta Vista Partners, 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 at onsent of the managers or managing members adopting the alternate name. The alternate name must inclu company," "L.L.C," "LLC.")	tach a copy of the written de "Limited Liability
2. California 3. 95-4807465	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicab company is organized)	le)
June 14, 2000 5. Perpetual	
(Date of Organization) (Duration: Year limited liability compexist or "perpetual")	any will cease to
5.	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
95 North County Road	E's N
Daler Booch El 22400	[2] ID
Palm Beach, FL 33480 (Street Address of Principal Office)	
(	25 A A A A A A A A A A A A A A A A A A A
3. If limited liability company is a manager-managed company, check here	and the second
9. The name and usual business addresses of the managing members or managers are as	follows:
Charles Garrett, 2500 Broadway Bld. F-125, Santa Monica, CA 90404	ADA ADA
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official h	aving 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 fi	
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 investment	
ANDI	
Signature of a member or an authorized representative of a member	— er.
(In accordance with section 608.408(3), F.S., and execution of this document constitutes an affirmati	
penalties of perjury that the facts stated herein are true. I am aware that any false information s	submitted in a
document to the Department of State constitutes a third degree felony as provided for in solutions. John G. Burgee, Attorney-in-fact	5.81 /.133, F.S.)
JUHI W. DUINEE, AUGITEVILIEGI	

Typed or printed name of signee

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 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:

1. The name of the Limited Liability Company is: 1402 Alta Vista Partners, LLC			
If consvailable, the alternate to be used			
2. The name and the Florida street add	dress of the registered agent and office are:		
Stuert Grossman		2012 OCT 29 SECRETARY TALLAHASSEE	
	(Name)	2012 OCT 29 SECRETARY ALLAH, 35E	77
201 South Biscayne Boulevard, 22nd Floor		35E	
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
Mami	FL 33131	Gr 20 STATE LORIDA	فمه
	City/State/2lp	- » O	

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 haveby 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 608. Florida Statutes.



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

### State of California

## Secretary of State

#### CERTIFICATE OF STATUS

ENTITY NAME: 1402 ALTA VISTA PARTNERS, LLC

FILE NUMBER:

200016710154

**FORMATION DATE:** 

06/14/2000

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

**CALIFORNIA** 

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.

SEAL OF THE STATE OF THE STATE

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 3, 2012.

DEBRA BOWEN
Secretary of State

MK