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| (Re | equestor's Name) | |
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| (Ad | ldress) | |
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| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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15 JAN 20 PM 4: 50 SECRETARY OF STATE INCLAHASSEE, FLORIGA

L Burch FEB TO 1015

COVER LETTER

| TO: \ Regi Divi | istration Sci sion of Corp | | | |
|--------------------|-------------------------------|--|---|---|
| SUBJECT: | MIDTO | WN 2500 LLC Name of Limi | ted Liability Company | |
| The enclosed | Articles of a | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return | all correspo | ndence concerning this matter | to the following: | |
| | | GRISE | L CALDERO Name of Person | |
| | | LAW OFFICE | E OF VALERIA SCHVART Firm/Company | ZMAN |
| | | 15807 E | BISCAYNE BLVD, STE 113 Address | 3 |
| | | NOR | FH MIAMI BCH, FL 33160 City/State and Zip Code | 0 |
| | | = | risel@schvartzmanlaw.com | |
| For further in | aformation c | E-mail address: (oncorning this matter, please c | to be used for future annual report non: all: | fication) |
| | ******* | CALDERO f Person | at (305) 974-0114 Area Code Daytim | x200 e Telephone Number |
| | wante o | i i ciscii | With Code 1943 am | e reconium commen |
| Enclosed is a | i check for th | ne following amount: | | |
| № \$25,00 F | iling Fee | ☐ \$30,00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Cupy (additional copy is enclosed) |
| | Registi Divisio P.O. B | ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314 | STREET/COURI Registration Section Division of Corpor Clitton Building 2661 Executive Ce Tallahassee, FL 32 | on rations enter Circle |

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: MIDTOWN 2500 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") **DELAWARE** (Jurisdiction under the law of which foreign limited liability (l'El number, if applicable) company is organized) N/A (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 15807 BISCAYNE BLVD, STE 113 NORTH MIAMI BEACH, FL 33160 (Street Address of Principal Office) THE SAME (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: 15807 BISCAYNE BLVD, STE 113, NORTH MIAMI BEACH, FL 33160 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 9263, F.S., the execution of his document constitutes an attirmation under the penalties of pergury that the facts sented 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.S.)

Nicolas Dayan
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.

| If unavailable, the alternate to be used in the state of Florida is: | | | | | |
|--|--------------|---------------|--|--|--|
| The name and the Florida street address of the registered agent and office are: LAW OFFICE OF VALERIA SCHVARTZMAN | | 15 JAN 20 | | | |
| | | 20 | in the second se | | |
| (Name) | | PH | a grander | | |
| 15807 BISCAYNE BLVD, STE 113 | F ST/ FLO | | general E | | |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | STATE | t: 5 0 | Vient P | | |
| NORTH MIAMI BEACH, FL 33160 | | | | | |
| City/State/Zip | | | | | |

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.

(Signature)

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

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "MIDTOWN 2500 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 TWELFTH DAY OF JANUARY, A.D. 2015.

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

15 JAN 20 PH 4: 50
SECRETARY OF STATE
TALLAHASSEF, FI OBIG

5379279 8300

150036031

AUTHENTY CATION: 2031003

DATE: 01-12-15

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