A02000014660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. BRYAN DEC 9 2002

11/27/02 CORPORATE DETAIL RECORD SCREEN 11:20 AM
NUM: A02000001466 ST:FL ACTIVE/FL LP FLD: 11/06/2002
ACT CONT: 15,000,000.00
NAME : SOUTH BAYSHORE TOWER, LTD.
PRINCIPAL: 1000 BRICKELL AVE., STE. 720
ADDRESS MIAMI, FL 33131
RA NAME : HAWLEY, XAVIER
RA ADDR : 1000 BRICKELL AVE., STE. 720
MIAMI, FL 33131
ANN REP : * NONE FILED *

1. MENU, 3. PARTNERS, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR:

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FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

November 27, 2002

XAVIER HOWLEY
VISTAS INTERNATIONAL REALTY
1000 BRICKELL AVE., STE. 720
MIAMI, FL 33131

SUBJECT: SOUTH BAYSHORE TOWER, LTD.
Ref. Number: A02000001466

We have received your document for SOUTH BAYSHORE TOWER, LTD., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for $25.00.

If you have any further questions concerning your document, please call (850) 245-6043.

Joey Bryan
Document Specialist
Tax Liens

Letter Number: 202A00063745

Florida Dept of State
409 E. Gaines St
Tallahassee 32399

STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership as identified in the records of the Florida Department of State is SOUTH BAYSHORE TOWER, Document # A02000001466

2. Suffix adopted for the above named partnership is LLLP.

3. The street address of its chief executive office is 1000 BRICKELL AVE. #720 MIAMI, FL 33131

4. The street address of the principal office of the partnership in Florida is 1000 BRICKELL AVE. #720 MIAMI, FL 33131

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be as of the date this document is filed with the Florida Secretary of State.

7. The name and street address of the partnership's agent for service of process is XAVIER HAWLEY 1000 BRICKELL AV. #720 Miami, FL 33131.

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 26 day of November 2002.

SOUTH BAYSHORE TOWER DEVELOPMENT, INC
a FLORIDA corporation, General Partner

By _____
XAVIER HAWLEY, President

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TALLAHASSEE, FLORIDA

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Rev. December 2001) Department of the Treasury Internal Revenue Service

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
SOUTH BAYSHORE TOWER, LLLP
55-0804737

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name
SOUTH BAYSHORE TOWER DEVELOPMENT

4a Mailing address (room, apt., suite no. and street, or P.O. box)
1000 Brickell Avenue # 720

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code
Miami, FL 33131

5b City, state, and ZIP code

6 County and state where principal business is located
MIAMI DADE COUNTY, FLORIDA

7a Name of principal officer, general partner, grantor, owner, or trustee
IGNACIO J. HAWLEY

7b SSN, ITIN, or EIN
594-98-4501

8a Type of entity (check only one box)

- ☐ Sole proprietor (SSN) _____
- ☒ Partnership
- ☐ Corporation (enter form number to be filed) ▶ _____
- ☐ Personal service corp.
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ _____
- ☐ Other (specify) ▶ _____
- ☐ Estate (SSN of decedent) _____
- ☐ Plan administrator (SSN) _____
- ☐ Trust (SSN of grantor) _____
- ☐ National Guard
- ☐ State/local government
- ☐ Farmers' cooperative
- ☐ Federal government/military
- ☐ REMIC
- ☐ Indian tribal governments/enterprises
- Group Exemption Number (GEN) ▶ _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated | State | Foreign country

9 Reason for applying (check only one box)

- ☐ Started new business (specify type) ▶ _____
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☒ Other (specify) ▶ EIN Number
- ☐ Banking purpose (specify purpose) ▶ _____
- ☐ Changed type of organization (specify new type) ▶ _____
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶ _____
- ☐ Created a pension plan (specify type) ▶ _____

10 Date business started or acquired (month, day, year)
11/05/02

11 Closing month of accounting year

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-" ▶ | Agricultural | Household | Other

14 Check one box that best describes the principal activity of your business.

- ☐ Construction
- ☐ Rental & leasing
- ☐ Transportation & warehousing
- ☐ Health care & social assistance
- ☐ Accommodation & food service
- ☐ Wholesale-agent/broker
- ☐ Wholesale-other
- ☐ Retail
- ☐ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☐ Other (specify)

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☐ No
Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above
Legal name ▶ _____ Trade name ▶ _____

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN
55-0804736

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name | Designee's telephone number (include area code) ( )

Address and ZIP code | Designee's fax number (include area code) ( )

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Applicant's telephone number (include area code)
(305) 373-9095

Name and title (type or print clearly) ▶ XAVIER HAWLEY

Applicant's fax number (include area code)
(305) 373-1921

Signature ▶ _____ Date ▶ 11/05/02

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2002 DEC 19 PM 4:47
SECRETARY OF STATE
CORPORATION
TALLAHASSEE, FLORIDA

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