Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

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(((H13000075491 3)))



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FLORIDA/FOREIGN LP/LLLP 51 NW 36TH DESIGN PLAZA LP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

APR - 4 2013 J. BRYAN

H13000075491

Street Address:

Mailing Address:_

LIMITED LIABILITY LIMITED PARTNERSHIP

Tallis RR S IN 8.25 APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR TO TRANSACT BUSINESS IN FLORIDA 1,51 NW 36th DESIGN PLAZA LP (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Parinership suffixes: Limited Parinership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Parinership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. None If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to to business in Florida; must contain acceptable suffix. 3 April 2, 2013 2. Dolaware Date of Formation State or Country of Fermation 4. Federal Employer Identification Number: Applied For 5. Name of Registered Agent for Service of Process and Florida Street Address: Arnaud Karsenti 4949 S.W. 75th Avenue FL 33155 Miami, 6. 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. 8. Mailing Address: 7. Principal Office: 4949 S.W. 75th Avenue 4949 S.W. 75th Avenue Miami, FL 33155 Miami, FL 33155 9. If limited partnership is a limited liability limited partnership, check box . 10. Name, principal office address, and mailing address of each general Name of General Panner: 13th Floor Manager, LLC Name of Street Address: 4949 S.W. 75th Avenue Street Address: Miami, FL 33155 Mailing Address: Mailing Address: _ Name of General Partner:_ Name of General Partner:____

____ Street Address:

_____ Mailing Address:

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	Page 1 of 2	A SECTION AND A
Name of General Partner:	Name of General Partner:	
Street Address:	Street Address:	The state of the s
	5 A.M	Kilk C
Mailing Address:	Mailing Address:	973
11. Effective date, if other than the date of filing: UPO (Effective date cannot be prior to nor more than 90 days as	is the date this document is filed by the	Florida Department of State.)
12. Attached is a certificate of existence duly authenticated Florida Department of State, by the Secretary of State or of the law of which it is organized. Signed this 2nd day of April	, not more than 90 days prior to the deli- her official having custody of the entity	very of this application to the 's records in the jurisdiction unde

The individual signing this document affirm that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees: Certified Copy (optional): Certificate of Status (optional): \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

\$52,50 \$8,75

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "51 NW 36TH DESIGN PLAZA LP" 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 SECOND DAY OF APRIL, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "51 NW 36TH DESIGN PLAZA LP" WAS FORMED ON THE SECOND DAY OF APRIL, A.D. 2013.

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

5312720 8300

130386662
You may verify this certificate enline at corp. delaware. gav/authver. shtml

AUTHENTY CATION: 0328269

DATE: 04-02-13

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