F08000004557

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certifie	ed Copies Certificates of Status
Speci	ial Instructions to Filing Officer:
	5008 HHA
	Office Use Only
	1////



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COVER LETTER

	Filing Section sion of Corporations				
SUBJECT:	koller	city Ple	12a. 2	K	
		(Name of co	rporation -	must include suffic	x)
Dear Sir or N	Madam:				
"Certificate of	f "Application by Fo of Existence," and ch ness in Florida.	reign Corpora neck are submi	tion for Au tted to regi	horization to Transter the above refer	sact Business in Florida," renced foreign corporation to
Please return	all correspondence	concerning thi	s matter to	he following:	
	Mid	rael Clae	ke		
		()	Name of Pe	rson) Luc uny)	
	Kou	er City t	lara i	TUC .	
		(F	Firm/Compa	iny)	
	1601 60	rum Plac	ce, si	ite 805	
	1		(Address	33401 · 814	_
	west ta	Im Beac	h, E	33401 · 814	>8
		(City	y/State and	Zip code)	
For further in	nformation concerning	ng this matter,	please call:		
Micha	ne of Person)	at (501)	602.9500	
(Nar	ne of Person)	\	(Area Cod	e & Daytime Telep	phone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a	check for the follow	ing amount:			
\$7 0.00 Fili	_	5 Filing Fee & ificate of Stati		3.75 Filing Fee & crtified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 23, 2008

MICHAEL CLARKE
KOLTER CITY PLACE INC.
1601 FORUM PLACE, SUITE 805
WEST PALM BEACH, FL 33401-8108

SUBJECT: KOLTER CITY PLAZA, INC.

Ref. Number: W08000044171

We have received your document for KOLTER CITY PLAZA, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$11,515.00.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is KOLTER CITY PLAZA LTD. - A0100001276. (Some confort)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 908A00051269

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	ockecing flara In		
(Enter name of confirmation," "Co.," "Co.," "Co.,"	orporation; must include "INCORPOI orp," "Inc," "Co," or "Corp.")	RATED," "COMPANY," "CORPORATION,"	
			
		ate name adopted for the purpose of transacting business in Florida	a)
2. Dela	were.	3 98.0364362 (FEI number, if applicable)	
(State or country	_ 4 4		
4	9/4/2001 of incorporation)	5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual"	~~
•			,
6	(Date first transacted by	usiness in Florida, if prior to registration)	
	(SEE SECTIONS 607,1501 &	& 607.1502, F S., to determine penalty liability)	
7. 1601 AC	rum place, Suit 805	West folm Reach, K. 33401 ffice address)	
			···
1601 For	UM Place, Suite 805	Wast farm Beach, Pr 20401	
	(Current mai	lling address) ·	
_		•	
(Purpose(s	of compration authorized in home st	MENT tate or country to be carried out in state of Florida)	OF a
			<u> 8</u>
9. Name and stree	address of Florida registered ager	<u>. </u>	: 8 T
Name:	coeffection Seevil	<u>ce Company</u>	≥ ~ <u></u>
Office Address:	1201 Hays Street	יני) נינו	공 골 m
	Tallahassee	Florida 3230	
	(City)	(Zip code)	
10. Registered ag	ent's acceptance:	5	υ &
		pt service of proc <mark>ess for the above stated corporation at the</mark> ppointment as registered agent and agree to act in this cap	
fu rther a gree to co		atutes relative to the proper and complete performance of i	
			•
	Um	Karen Rose, Acat	i hP
7-7-70	(Registered agent's sig	gnature)	0,

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Ivanies	and business addresses of officers and/or directors.
A. DIREC	
Chairman:	Pobeet Julien
Address:	1601 Forum Place, suite 805
	west form Beach, R_33401
Vice Chairm	Michael Cloth
	1601 FORM flace Suite 905
Address.	west Yaim seach, R. 33401
	•
Address:	
•	
Director:	
Address:	

B. OFFICI	ERS
President:	
Address	
	ıt;
Address:	
_	
Secretary:	
Address:	
Treasurer: _	
Address:	
NOTE: If r	necessity, you may attach an addendum to the application listing additional officers and/or directors.
13	When Mark
	(Signature of Director or Officer listed in number 12 of the application)
14	(Typed or printed name and capacity of person signing application)
	γ Δ1 L. L

Delaware

PAGE

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KOLTER CITY PLAZA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF OCTOBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KOLTER CITY PLAZA, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF AUGUST, A.D. 2001.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

3429370 8300

081010471

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6916599

DATE: 10-17-08

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