6' 00 16:07/ST. 16:07/NO. 4862406872 P 1 FROM WHITE & CA Division of Corporations https://ccfss1.dos.state.fl. /scripts/efilcovr.

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000015547 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 922-4003

Account Name : WHITE & CASE Account Number: 075410002143 Phone : (305)371-2700 Fax Number : (305)358-5744

FOREIGN LIMITED LIABILITY COMPANY

DY ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	DAT 03
Estimated Charge	\$155.00

REF 1518597-0001 Return to mulogo

Fax Audit No. H00000015547

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIA LIMITED LIA	NCE WITH SECTION 608503, FLO BILITY COMPANY TO TRANSACT BI	RIDA STATUTES	S. THE FOL	LOWING IS	SUBMITTED	TO REGISTE	R A FOI	RFICN
	DY Associates, LLC	DIENESS IN THE	SIAIEOF	FLORIDA:				CLACE!
(Name of foreign limited liability company)							<u>-</u>	
2. <u>Delaware</u> (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)								
(Jurisdictio	n under the law of which foreign lim	3.						. 4. 1. 1.
company is	organized)	ated habinty		(FEI num	ber, if applic	able)		
4.	March 14, 2000							
	(Date of Organization)	5.	(December)	2030				
	•		exist or "	n: Year limite perpetual")	d liability con	npany will ce	ase to	·
6.	Upon qualification							
	(Date first transacted business in	Florida. (See see	ctions 608	501 600 500	1015	·-		
7.	7777	(555 56)	ouona ooo.	301, 008,302,	and 817.155	F.S.)		·
·	3470 Club Center Bo	ulevard			_			
	Naples, FL 34114-08	16						· • · · · · · · · · · · · · · · · · · ·
	(S	treet address of p	principal of	fice)	·		·	; <u>;</u> i .
8. If limited	liability components and							
	liability company is a manage	r-managed cor	mpany, cl	heck here			-	
9. The usual	husiness addresses of the	•						-
-	business addresses of the man	aging member	rs or man	agers are as	follows:	- 3	<u></u>	
·	3470 Club Center Bou					元 50	- T	
			·			قىرىمى: 1		r;
·	Naples, FL 34114-081	.6					د المادة المستو المادة المستوالية المادة المستوالية	·
		·			· .	U		
<u> </u>				. ,			** × ***	
				-				
						0	3:53	
translation of the o	n original certificate of existence, no n ider the law of which it is organized. (certificate under oath of the translator r	must be submitted	i)	er it itie cetiii	the official ha	iving custody eign language	ofrecord	lsin
11. Nature of	business or purposes to be con	ducted or pror	moted in	Florida:			-	
<u>-</u>	All lawful activiti	es.						
	John J.	Jum						المناشد المادات
	Signature of a member (In accordance with section 64 an affirmation under the penal							
	Aub	rey Ferrao		arc	rac')			
		r printed name	e of sions				· · · -	
	7,5 0	- Laurence muli	~ AT STRIE					

÷

, ,

Fax Audit No. H00000015547

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 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:	
DY Associates, LLC	
2. The name and the Florida street address of the registered agent and office are:	
Mark J. Woodward Woodward, Pires & Lombardo P.A.	8
(Name)	7
801 Laurel Oak Drive, Suite 710	
Florida street address (P.O. Box NOT ACCEPTABLE)	P. 51
Naples, FL 34108 City/State/Zip	00
Спующегдр	

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 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 608, F.S..

(Signature)

\$ 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 Delaware

Fax Audit No. H00000015547

PAGE

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FC BEACH, 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 TWENTY-SEVENTH DAY OF MARCH, A.D. 2000.

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

Edward J. Freel, Secretary of State

3193382 8300

001152275

AUTHENTICATION:

0340181

DATE:

03-27-00

Fax Audit No. H00000015547

With the Ph 5: 00