Division of Corporations

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# M000000001377

## Florida Department of State

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

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Division of Corporations

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From:

Account Name : FIFTEEN GROUP
Account Number : 119980000098
Phone : (305)538-8315

Fax Number : (305)538-8298

FOREIGN LIMITED LIABILITY COMPANY

Fifteen Washington, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

FIFTEEN WASHINGTON, L (Name of foreign limited liability company many)	LC ast end with the wor	ds "limited company" or their abbrev	viation "L.C." if not
so contained in the name at present.)		Thurtinal for	
2. De I aware (Jurisdiction under the law of which foreign lift company is organized)	mited liability	Applied for (FEI number, if applica	able)
A June 27, 2000	5,	Perpetual	
(Date of Organization)		(Duration: Year limited liability corexist or "perpetual")	npany will cease to
6. Upon qualification	in Clarida (Cre co	tions 608,501, 608.502, and 817.155	i.Fs)
7. 763 Collins Avenue, S	•		
Miami Beach, FL 3313			
MIGHT DEACH, IC 3010	(Street address of )	rincipal office)	
<ol> <li>List name, title, and business address o will manage the foreign limited liability</li> </ol>	f each managing y company in Fi	member[MGRM] or manager orida: (attach additional page if	[MGR]who necessary)
3. List name, title, and business address o will manage the foreign limited liability  NAME & ADDRESS:	of each managing y company in Fig TITLE:	member[MGRM] or manager orida: (attach additional page if NAME & ADDRESS:	[MGR]who fnecessary) TITLE:
will manage the foreign limited liability	y company in Fi	orida: (attach additional page 11	( necessary)
will manage the foreign limited liability  NAME & ADDRESS:	y company in Fit	orida: (attach additional page 11	( necessary)
will manage the foreign limited liability  NAME & ADDRESS:  FIFTEEN WASHINGTON, INC.	y company in Fit	orida: (attach additional page 11	( necessary)
will manage the foreign limited liability  NAMIE & ADDRESS:  FIFTEEN WASHINGTON, INC.  763 COLLINS AVENUE, SUITE 304	y company in Fit	orida: (attach additional page 11	( necessary)
will manage the foreign limited liability  NAMIE & ADDRESS:  FIFTEEN WASHINGTON, INC.  763 COLLINS AVENUE, SUITE 304	y company in Fit	orida: (attach additional page 11	TITLE:  OD JUL 11  SECRETARY  A SECRETARY
will manage the foreign limited liability  NAMIE & ADDRESS:  FIFTEEN WASHINGTON, INC.  763 COLLINS AVENUE, SUITE 304	y company in Fit	orida: (attach additional page 11	TITLE:  ON JUL 11 PH  SECRETARY OF  SECRETARY OF
will manage the foreign limited liability  NAMIE & ADDRESS:  FIFTEEN WASHINGTON, INC.  763 COLLINS AVENUE, SUITE 304	y company in Fit	orida: (attach additional page 11	TITLE:  ON JUL 11 PM 5:  SECRETARY OF ST.  SECRETARY OF ST.  SECRETARY OF ST.
will manage the foreign limited liability  NAMIE & ADDRESS:  FIFTEEN WASHINGTON, INC.  763 COLLINS AVENUE, SUITE 304	y company in Fit	orida: (attach additional page 11	TITLE:  ON JUL 11 PH  SECRETARY OF  SECRETARY OF
NAMOE & ADDRESS: FIFTEEN WASHINGTON, INC. 763 COLLINS AVENUE, SUITE 304	y company in Fit	orida: (attach additional page 11	TITLE:  ON JUL 11 PM 5:  SECRETARY OF ST.  SECRETARY OF ST.  SECRETARY OF ST.

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state 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.)

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# 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 o	f the Limited Liability Company is:	
FIFTEE	v washington, LLC	
2. The name a	nd the Florida street address of the registered agent and office are:	
	Ian Sanders	•
	(Name)	
	763 Collins Avenue, Suite 304	TH 3
•	Florida street address (P.O. Box NOT ACCEPTABLE)	
	Miami Beach FL 33139	
	City/State/Zip	
		STATE 00 s

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.

(Signature)

Filing Fee: \$ 35 for Designation of Registered Agent

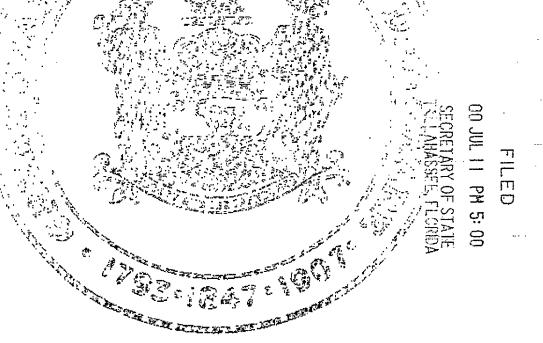
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## State of Delaware

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## Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FIFTEEN WASHINGTON, LLC" IS DULY OF DELAWARE AND IS IN GOOD FORMED UNDER THE LAWS OF RAS THE RECORDS OF THIS



3254410 8300

001346381

**AUTHENTICATION:** 

0547179

DATE:

07-10-00