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Division of Corporations

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#### Florida Department of State

Division of Corporations
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Account Name : GREENBERG TRAURIC (WEST PALM BEACH)

Account Number : 075201001473 Phone : (561)650-7900 Fax Number : (561)655-6222

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### FOREIGN LIMITED LIABILITY COMPANY

1864 17th Street, Sarasota, Florida MM, LLC

Certificate of Status	1	
Certified Copy	1	
Page Count	02 \$160.00	
Estimated Charge		

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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:

1.	1864 17th Street, Sarasota, Florida MM	LLC			
	(Name of foreign limited	hability	company)		—
2.	Delaware	,	M	₹	_
	(Jurisdiction under the law of which forever limited	3.	"applied for"	<u> </u>	کـ
	hability company is organized)		(FEI number, if applicable)	≥≅	AUG
4.	Average 2 2000 *				<u>G</u>
7.	August 3, 2000 • (Date of Organization)		5. "perpenial"	/// (元)	<u>-</u> -
	(		(Duration: Year limited liability cor cease to exist or "perpetual")	npany will	1
_			eegge to exist ot. beibetnat)	, <sub>m</sub>	` ₽
6.	upon qualification			0.T	$\frac{5}{2}$
	(Date first transacted business in Florida. (See sec	цора 60	8.501, 608.502, and 817.155, FS.)		
7.	c/o UrbanAmerica, L.P., 30 Broad Street, 31* Fl			)> Dm	ယ
	SE STORIGHTON, C. 1 - 50 Prose Speet, 31- FI	oor			
	New York, NY 10004				
	(Sucer address of prin	ncipal of	ffice)		
8.		-			
٥.	If limited liability company is a manager-manage	ed com	pany, check here 🖾		
9.					
	The usual business address of the managing men	opers o	r managers are as follows:		
	c/o UrbanAmerica, L.P., 30 Broad Street, 31# Flo	חחד			
				<del></del>	_
	New York, NY 10004				-
10.	Attached in an existed a second				-
40.	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized.  (A photocopy is not acceptable. If the certificate it is in the law of which it is organized.				
	(A photocopy is not acceptable. If the certifical certificate under oath of the translator must be suit			ion of th	ıe
	and a sub- comment of the comment of the sub-	ominer	1.)		
11.	Nature of business or purposes to be conducted of	በፖ ክተለተ	pored in Florida, to an an a		
	activity for which limited liability companies	may b	e organized under the Florida	Timies	
		- 10 Mil 11 Ma	die Toriga	F t-Hinit	ត្
	Liability Company Act.	· · ·	1		
	$\mathcal{I}$				_
	$\Lambda \Lambda $	Λ	Α		
	× CHILLY	۷∖	/(		
	Signature of a member or anauthorized r	epresen	anye of a member.		
	(In accordance with section 608.408(3), I document constitutes an affurmation under the constitutes an affurmation under the constitutes and affurmation and the constitutes are affurmation and the constitutes are affurmation and the constitutes are a constituted as a constitute of the constitute of				
	that the facts stated berein are true.)	t the bei	names of perjary		
			,		
	Hal Reiff			_	
	Typed or printed name	of signe	!e		

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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 of the Limited Liability Company is:	OO . SEC
	1864 17th Street, Sarasota, Florida MM, LLC	, ARE A
2.	The name and the Florida street address of the registered agent and office are:	SRY P
	Michael J. Sabatello, Esq.	PMIZ: OF ST
	(Name)	».«
	777 S. Flagler Drive, Suite 300E	इस च
	Florida street address (P.O. Box NOT ACCEPTABLE)	
	West Palm Beach FL 33401	
	City / Stage / Zip	

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..

Michael J. Sabarello

\$100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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## State of Delaware Office of the Secretary of State PAGE

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "1864 17TH STREET, SARASOTA, FLORIDA MM, 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 THIRD DAY OF AUGUST OF STATE OF SECONDS.



Edward I. Freel. Secretary of State

AUTHENTICATION:

0599404

DATE:

08-03-00

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