#### 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.

(((H01000109183 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)205-0383

FYOM:

Angie Calabrese

Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.

Account Number : 075471001363 Phone

: (305)374-5600

Fax Number

: (305)374-5095

### FOREIGN LIMITED LIABILITY COMPANY

7400 OCEANSIDE DEVELOPERS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00
	<u></u>

. FAX AUDIT No. H01000109183

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

	ILITY COMPANY TO TRANSACT BUSINESS I				N C	$\Box$	
	7400 OCEANSID	E DEVELO	PERS, LLC		<u> </u>		
	(Name of foreign	limited liabi	lity company)		~~	3	
					₹ 	$\sim$	77
	DELAWARE	3.		APPLIED FOR	<u> </u>	က်	711
	iction under the law of which foreign limited company is organized)		(FEI m	imber, if applicat		PK	5
парицу	company is organized)				, T S		
	10/16/2001	_ 5.		PERPETUAL	<u> </u>	**	
	(Date of Organization)		(Duration: Year to exist or "perp	limited liability etual")	company	willge	ase
	UPON FILIN	G OF APPL	ICATION	-			
	(Date first transacted business in Florida. (	See sections	608.501, 6708.502	, and 817.155, F.	S.)		
	ONE PIÈM	-m Yay	YS NO. 1773				
-	ONE FISHE	<u>ER ISLAND</u>	DRIVE				
	FISHER I	SLAND, FL	33109				
	(Street addre	ss of princip	al office)				
Limita	l liability company is a manager-managed com						
Lime	t naputry company is a manager-managed com	фацу.					
The nar	me and usual business addresses of the managir	ng members	or managers are as	foilows:			
7400 O	CEANSIDE M/M, LLC, One Fisher Island Dri	ive, Fisher Is	land, FL 33109	Member and	Manager		
7400 O	CEANSIDE FIH, LLC, One Fisher Island Driv	e, Fisher Isl	and, FL 33109	Member			
records	ed is an original certificate of existence, no mor in the jurisdiction under the law of which it is or ge, a translation of the certificate under oath of	rganized. (A	photocopy is not ac	ceptable. If the c	icial havin ertificate i	ig cust is in a f	ody or oreign
Nature	of business or purposes to be conducted or pro-	moted in Flo	rida: <u>REAL EST</u>	ATE DEVELOP	MENT A	ND AN	Y
OTHE	R LAWFUL PURPOSE	^					
	(1)	IN.	^				·
	_ Cault	WILL					
	<del></del>		tative of a member.	<del></del> .			
	Signature of an authoriz	zed represen	tative of a member.	this			
	Signature of an authorize (In accordance with section 60 document constitutes an affirm	zed represen 98.408(3), F. pation under	S., the execution of	this			
	Signature of an authoric	zed represen 98.408(3), F. pation under	S., the execution of	this			
	Signature of an authorize (In accordance with section 60 document constitutes an affirm	zed represent 98.408(3), F. nation under true.)	S., the execution of	this			

FAX AUDIT No. H01000109183

### 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:			
	7400 OCEANSIDE DEVELOPERS, LLC			
2.	The name and the Florida street address of the registered agent and office are:		*	
	AMERICAN INFORMATION SERVICES, INC (Name)	SECRETARY TALLAHASSE	01 OCT 23	
	One S.E. 3rd Avenue, 28th Floor Florida street address (P.O. Box NOT ACCEPTABLE	OF STATE. FLOR	PM <b>∵</b>	C
	Miami, Florida 33131 City/State/Zin	RIDA	5	

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 duttes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Angelica M. Calabrese, Assistant Secretary of AMERICAN INFORMATION SERVICES, INC.,

Registered Agent

FAX AUDIT No. H01000109183

## State of Delaware

PAGE I

Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "7400 OCEANSIDE DEVELOPERS, 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 NINETEENTH DAY OF OCTOBER, A.D. 2001.

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

OI OCT 23 PM 1: 45
SECRETARY OF STATE
ALLAHASSEE, FLORIDA



Darriet Smith Windson Harrier Smith Windson, Secretary of State

3446416 8300

AUTHENTICATION: 1400589

DATE: 10-19-01