## CT (PRP RAION) 2000001986

CORPORATION(S) NAME

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2050 Lexington Management	, LLC	·
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() Profit	() Amendment	() Merger
() Nonprofit		() Merger
(X) Foreign	() Dissolution/Withdrawal	() Merger () Mark () Other
	() Reinstatement	() Other
() Limited Partnership	() Annual Report	() Other
(X) LLC	() Name Registration	() Change of RA
	() Fictitious Name	() UCC
() Certified Copy	() Photocopies	(X) CUS
() Call When Ready	() Call If Problem	() After 4:30
(x) Walk In	() Will Wait	(x) Pick Up
() Mail Out	() Will Wall	(A) Flor op
() Man Cut		
Name	7/30/02	Order#: 5510876
Availability		40000000000000000000000000000000000000
Document	· · · · ·	-4000067636742 -07/30/0201050008
Examiner		Ref#: ****130.00 ****130.00
Updater		<del></del>
Verifier		
W.P. Verifier		Amount: \$

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

## 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. 2050 LEXINGTON MANAGEMENT, LLC	
(Name of foreign limi	ted liability company)
2. New York	3. 13-3949881
(Jurisdiction under the law of which foreign limited liability company is organized)	3. 13-3949881 (FEI number, if applicable)
4. December 31, 1996	5. <u>December 31, 2025</u>
(Date of Organization)	(Duration: Year limited liability company with cease to exist or "perpetual")
6. Will commence upon registration	
(Date first transacted business in Florida. (See	e sections 608.501, 608.502, and 817.155, F.S.)
·	
7. 26 Christopher Drive, New City, NY 10596	
(Street address of	f principal office)
(Siteet audiess o	r principal onico)
8. If limited liability company is a manager-managed con	mpany, check here
9. The name and usual business addresses of the managing	ing members or managers are as follows:
Frank Richard, Managing Member, 26 Christopher I	Trive New City NY 10596
Frank Richard, Managing Member, 20 Christophor 1	2117B, 110W ONLY, 11 X 10020
,	
10. Attached is an original certificate of existence, no mo having custody of records in the jurisdiction under the acceptable. If the certificate is in a foreign language, a translator must be submitted.)	e law of which it is organized. (A photocopy is not
11. Nature of business or purposes to be conducted or pr	omoted in Florida: ownershin of real estate.
11. Timenta of purposes of harbones to on commence of hy	
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Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Elaine E. Ross, authorized representative of Managing Member

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF · REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STA UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT

TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN FLORIDA.	THE STATE OF SO IT
1. The name of the Limited Liability Company is:	FLORIDE STRIE
2050 Lexington Management, LLC	. 7
2. The name and the Florida street address of the registered agent and office	are:

C T Corporation System		
	(Name)	
c/o C T Corporation Sys	em, 1200 South Pine Island Road	
Florida st	reet address (P.O. Box NOT ACCEPTABLE)	
Plantation	FL 33324	

City/State/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..

C T Corporation System

Carlara a Benke

BARARA A BURKE SPECIAL ASSESTANT SECRETARY

\$ 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 New York **Department of State**

I hereby certify, that 2050 LEXINGTON AVENUE, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/31/1996, and that the Limited Liability Company is subsisting so far as shown by the records of the Department. further certify the following:

A Biennial Statement was filed 12/09/1998.

A Biennial Statement was filed 01/30/2001.

A certificate changing name to 2050 LEXINGTON MANAGEMENT, LLC was file on 02/11/2002.

I further certify, that no other documents have been filed by such Limited Liability Company.



Witness my hand and the official seal of the Department of State at the City of Albany, this 26th day of July two thousand and two.

Secretary of State

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