Florida Department of State

Division of Corporations Public Access System

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.

(((H04000113751 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

From:

Account Name : FIELDSTONE LESTER SHEAR & DENBERG

Account Number : I19990000180 Phone

: (305)357-5775

Fax Number

: (305)357-5534

FOREIGN LIMITED LIABILITY COMPANY

Broadway Boca Executive Center, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge : | \$125.00 |

Electronic Filing Menu-

Corporate, Filing,

Public Access Help

J. BRYAN MAY 2 7 2004

((H04000113751 3)))

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:

| Broadway Boca | Executive Center, LLC | | egis e e e e | . 5 | <u>۔</u> |
|--|--|-------------------------------------|-----------------------------------|--------------------------------|---|
| | (Name of foreign | a limited liabilit | гу сотрану) | | - S |
| Delaware | and a second sec | 3. applied | for | | 70, |
| | aw of which foreign limited liability any is organized) | | (FEI number | , if applicable) | 75/20 |
| May 19, 2004 | | 5. perpeti | | 4, | , S.S. |
| (Date of | Organization) | (Duratio | n: Year limited li exist or "p | lability company capetual") | will cease to |
| Upon qualification | | | | | ` |
| (Date fi | rst transacted business in Florida. (So | ee sections 608 | .501, 608.502, as | nd 817.153, F.S.) | |
| c/o Broadway R | eal Estate Partners, LLC | | <u></u> | | · |
| 375 Park Avenu | e,Suite 2107, New York, N | and the second second | · | | |
| - | (Street addres | ss of principal o | illice) | | - |
| If limited liability c | company is a manager-manage | d company, o | check here | | |
| The name and usua | al business addresses of the ma | naging mem | bers or manag | ers are as folk | ws: |
| Scott Lawlor - N | Managing Director | | | · | |
| - 375 Park Avenu | re, Suite 2107 | | | | |
| New York, NY | 10152 | | | | |
| | i | | | | |
| | | | _44 | <u> </u> | |
| the jurisdiction under the translation of the certific | certificate of existence, no more than 9 ne law of which it is organized. (A phacate under eath of the translator must be | otocopy is not as be submitted.) | cceptable. If the c | catificate is in a fo | g custody of recor reign language, a |
| Nature of business | s or purposes to be conducted of | or promoted : | in Florida: | eal estate | |
| - | Meil | | | | , a |
| ٠, هـ ا | Signature of a member or an a (in accordance with section 648.408(3), an affirmation under the paralties of per- | F.S., the executive | on of this documer | ir constinutes | |
| | | | | | |
| | Michael B. Denberg, Esq. | -,, | o seet o ter out the | Buc., | * * |

(((H04000113751 3)))

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 | f the Limited Liability Company is: |
|----------------|--|
| Broadway Bo | oca Executive Center, LLC |
| 2. The name an | and the Florida street address of the registered agent and office are: |
| | Michael B. Denberg, Esq. |
| | (Name) |
| | 201 Alhambra Circle, Suite 601 |
| | Florida street address (P.O. Box NOT ACCEPTABLE) |
| | Coral Gables, FI 33134 |
| | (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.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

((H040001137513)))



I, HARRIET SMITE WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "BROADWAY BOCA EXECUTIVE CENTER, LLC", FILED IN THIS OFFICE ON THE NINETEENTH DAY OF MAY, A.D. 2004, AT 4:44 O'CLOCK P.H.



3805334 8100 040369315 Varriet Smith Hindson

Harrier Smith Windsor, Secretary of State

AUTHENTICATION: 3121898

DATE: 05-19-04

3((H040001137513)))

CERTIFICATE OF FORMATION

OF

Broadway Boca Executive Center, LLC

- The name of the limited liability company is Broadway Bocs Executive Center, LLC
- The address of its registered office in the State of Delaware is Corporation Trust Center, 1209 Orange Street, in the City of Wilmington, County of New Castle. The name of its registered agent at such address is The Corporation Trust Company.

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Formation of Broadway Boca Executive Center, LLC this 19th day of May, 2004.

Army Lu Authorized Person

DECREE - SANGER OF SHAPE CHRIS

MINAL CHARGE FLORIDA

State of Delsomre Secretary of State Division of Corporations Delivered 05:04 PM 05/19/2004 FILED 04:44 DM 05/19/2004 SRV 040369315 - 3805334 FILE