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Š	FRDevlin Associ	ates, LLC	
	Certificate of Status	0	
	Certified Copy	0	
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	Estimated Charge	\$125.00	

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GOMONALA PILING

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREI LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	G₹V
1. FROEVIIN ASSOCIATES, LLC [Name of foreign limited liability company]	
2. New York  (Junisdiction under the law of which foreign limited liability (FEI number, if applicable)  company is organized)	
4. Date of Organization)  5. Oe-De-Jud  (Duration! Year limited Hability company will cease to exist or "perpetual")	
6. May 2004 (Rese first trimusched business in Florids. (See sections 608.501. 608.502, and 817.155, P.S.)	
7. 532. West. 30th St.	
New York NY 10001 (Street address of principal office)	
8. If limited liability company is a manager-managed company, check here	
9. The name and usual business addresses of the managing members of managers are as follows:	
Thomas Devlin	
532 Wer 30th Steat = 0	
Now York N.4 10001 == 5	
OA S	
10. Attached is an original certificate of exceeded, no more than 90 days old, duly authenticated by the official having custody of recommon first jurisdiction 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 translation must be submitted.)	is in
11. Nature of business or purposes to be conducted or promoted in Florida:	
Real EsTate	
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 on affirmation under the penalties of perjuty that the facts attack bettern are true.)	
Thomas Devlin Pontage	
Typed or printed name of signee	

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 & 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.

othic of inc			
i. The name of	the Limited Liability Comp	peny is:	
FRD	levlin Associ	lates, LLC	
1 The name at	d the Florida street eddress	of the registered agent and office are:	
		No. of the state o	
		(Name)	
	8801 Bis	compre Blub Suintell?	
	Plands street ad	Schess (P.O. Box NOT ADSIDITABLE)	-77
	Miami.	(Name)  (Name)  (Name)  (CAMPLE BUS SUIN FOR POLICE AND SUIN FOR SU	JI-LI
	(	(CIG/Stone Cip)	۲.
		9: t	
tlaving been no	imed ar registered arent and	d to accept service of process for the above stated lingfed. U	•
itability compa	ny at the place designated in	n this certificate. I hereby accept the appointment as P pacity. Therher agree to comply with the provisions of all	
statutes relative	e is the proper and complete	e expormance of my duties, and I am familiar with and	
		gistered agent as provided for in Chapter 608, F.S.	
/			
	(Signate)		
	S 100.00	Filing Fac for Application	
	\$ 25.00		
	\$ 30.98	Cardfied Copy (optional)	

\$ 5.00 Certificate of Status (optional)

## State of New York Department of State

I hereby certify, that FRDEVLIN ASSOCIATES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/05/2002, and that the Limited Liability Company is subsisting so far as shown by the records of the Department.



\*\*\*

Witness my hand and the official seal of the Department of State at the City of Albany, this 12th day of July two thousand and four.

Secretary of State

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