

MD4000003548

(Requestor's Name)

APARTMENT & LAND MGT
18851 N.E 29TH AVE., #901
AVENTURA, FL. 33180

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status 1

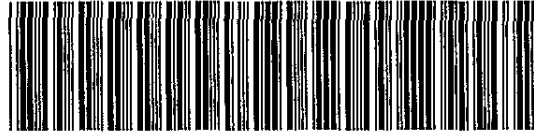
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04 AUG 26 PM 4: 21

CLERK OF COURT
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. WISCONSIN HOTEL COMPANY, L.L.C.
(Name of Foreign Limited Liability Company)

2. STATE OF DELAWARE 3. 39-1896718
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 6-17-97 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 18851 N.E. 29TH AVENUE, SUITE 901
AVENTURA, FL. 33180
(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 or managers are as follows:

GABOR RADO, MEMBER

GABRIELLA HALE, MANAGER

18851 N.E. 29TH AVE, #901 AVENTURA, FL. 33180

10. 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 is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: OPEN BANK ACCOUNTS
FOR MANAGEMENT OF REAL ESTATE DEVELOPMENT PROJECT

Ken Stewart, CONTROLLER
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.)

KEN STEWART
Typed or printed name of signee

FILED
04 AUG 26 PM 4:21
TALLAHASSEE
FLORIDA

**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:

WISCONSIN HOTEL COMPANY, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

REGISTERED AGENTS OF FLORIDA, LLC
(Name)

100 SOUTHEAST 2ND STREET, SUITE 2900

Florida Street Address (P.O. Box NOT ACCEPTABLE)

MIAMI, FL 33131

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, Florida Statutes.

Shamuni Klein

(Signature)

Shamuni Klein, for the firm

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

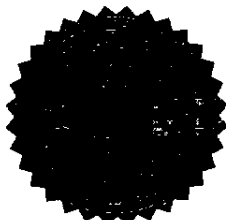
\$ 160.00

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WISCONSIN HOTEL COMPANY, L.L.C." 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 TENTH DAY OF AUGUST, A.D. 2004.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

2763283 8300

AUTHENTICATION: 3287327

040559320

DATE: 08-10-04

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State of Delaware

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

040559320

9406196
WISCONSIN HOTEL COMPANY, L.L.C.
18851 N.E. 29TH AVE.
STE 901
AVENTURA FL 33180
ATTN: ERIKA MATOS

08-10-2004

DESCRIPTION	AMOUNT
WISCONSIN HOTEL COMPANY, L.L.C.	
2763283 8300 Certificate in Re Short	
Certification Fee	30.00
FILING TOTAL	30.00
TOTAL PAYMENTS	30.00
SERVICE REQUEST BALANCE	.00

CERTIFICATE OF FORMATION

OF

WISCONSIN HOTEL COMPANY, L.L.C.

The undersigned, being duly authorized to execute and file this Certificate of Formation for the purpose of forming a limited liability company pursuant to the Delaware Limited Liability Company Act, 6 Del. C. §§ 18-101, et seq., does hereby certify as follows:

FIRST

The name of the limited liability company is Wisconsin Hotel Company, L.L.C. (the "Company").

SECOND

The Company's registered office in the State of Delaware is located at 1013 Centre Road, Wilmington, New Castle County, Delaware 19805. The registered agent of the Company for service of process at such address is Corporation Service Company.

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of Formation as of the 17th day of June, 1997.


Thaddine G. Gomez,
an authorized person