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.

(((H04000233398 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

: COBB & EBIN P.A.

Account Number : 110670000060

Phone

: (305)377-0223

Fax Number

: (305)377-0224

FOREIGN LIMITED LIABILITY COMPANY

Dacra Design Moore (Del.) LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing

Public Access

HO4000233398 3

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 POREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Dacra Design Moore (Det.) LLC							
·	(Name of Foreign	Limited U	iability Compa	іру)				•
	Delaware		N/A					
	Jurisdiction under the law of which foreign limited company is organized)	liability	- <u></u>	(FEI nun	ber, if applica	ble)	·	•
4.	October 13, 2004	5	perpetual			I+ 1	_	
	(Date of Organization)	•	(Duration: exist or "p	Year limite erpctual")	d liability com	pany will co		e e e e e e e e e e e e e e e e e e e
6.	N/A						AOH	j.
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)							(E)
7.	1632 Pennsylvania Avenue					<u>ក</u> ្រា.	\equiv	, 7
	Miami Beach, FL 33139					<u> </u>	AM 0: 0	* ************************************
	(Street	Address	of Principal Of	nce)				
8.	If limited liability company is a manager-m	nanaged	company, ch	eck here	\mathbf{Z}			
9.	The name and usual business addresses of t	ihe mane	iging membe	ers or man	agers are as	follows:		
	Disease Coult Datring				_			
	Director: Craig Robins		· · · · · · · · · · · · · · · · · · ·					
	1632 Pennsylvania Ave.							
	Miami Beach, FL 33139							
the tra	Attached is an original certificate of existence, no more jurisdiction under the law of which it is organized. (A station of the certificate under oath of the translator mo	photocopy ist be subm	is not acceptab litted.)	ic, If the cer	ificate is in a fi	pudin pudn		ords in
]]	. Nature of business or purposes to be cond	ucted or	promoted in	Florida:	ownership of	improved		
	real property, and related activities							
	A A					-		
	Signature of a member of (In accordance with section 608 an affirmation under the penalti	.408(3), F.:	S., the execution	of this docu	nent constitutos	er.		
	Steven Gretenstein, Vice	_ : -						
	Typed or	printed	name of sign	iec		-		

но4000233398 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**

2. The name and	the Florida street address	of the registered agent and office are	2:
	Oraig Robins		
		(Name)	- 1
1	632 Pennsylvania Ave.		
_	Florida Street Ad-	dices (P.O. Box <u>NOT</u> ACCEPTABLE)	
M	liami Beach, FL 33139	FL	5: 0
_		City/State/Zip	Ot NOA
liability company of agent and agree to relating to the pro-	at the place designated in t o act in this capacity. I furt per and complete performs	to accept service of process for the ab his certificate, I hereby accept the app ther agree to comply with the provision ance of my duties, and I am familian w	ointment as registered ns of all statutes: ith and accept the
abligations of my p	oosiilen as registered agen	t as provided for in Chapter 608, Flor	ida Statutes.
	(Signature)		
)		
	\$ 100.00	Filing Fee for Application	
	\$ 25.00	~ ~ ~ ~	

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Delaware

PAGE

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DACRA DESIGN MOORE (DEL.) 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 THIRTEENTH DAY OF OCTOBER, A.D. 2004.



Harriet Smith Windsor, Secretary of State

3866961 8300

040738246

AUTHENTICATION: 3408870

DATE: 10-13-04