

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.

(((H05000089203 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

: (850)205-0383 Fax Number

From:

: BROAD AND CASSEL (BOCA RATON) Account Name

Account Number: 076376001555 Phone : (561)483-7000

Number : (561)218-8960

FOREIGN LIMITED LIABILITY COMPANY

YBOR CITY TARRAGON, LLC

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

ά

Flactronic Filing Masu.



7777 GLADES ROAD SUIIE 300 BOCA RATON, FLORIDA 33434 TEILEPHONE: 561.483.7000 FACSIMILE: 561.483.7321 www.broadandcassel.com

TELECOPIER TRANSMITTAL

DATE:

Tuesday, April 12, 2005 9:07:48 AM

To:

FL Dept of State

ADDRESS:

TELECOPIER PHONE NO.:

18502050383

CONFIRMATION PHONE NO.:

FROM:

Daisy Rodriguez

TOTAL NUMBER OF PAGES:

05 (including cover)

CLIENT AND MATTER:

33253-0016

MESSAGE:

FILED

OS APR 12 AM 8: 54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE NOTIFY US IMMEDIATELY IF ALL PA	AGES WERE NOT RECEIVED .	XT 561	483.7000
--	--------------------------	---------------	----------

FAX OPERATOR: FIRST ATTEMPT: SECOND ATTEMPT:

THE INFORMATION CONTAINED IN THIS TRANSMISSION IS ATTORNEY-CLIENT PRIVILEGED AND CONFIDENTIAL. IT IS INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

BOCA RATON FI. LAUDERDALE MIAMI ORLANDO TALLAHASSEE TAMPA WEST PALM BEACH

Fax Audit #: H05000089203 3

Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida

	COMPLIANCE WITH SECTION 608.503, FLORIDA S MITED LIABILITY COMPANY TO TRANSACT BUSINE		S, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN E STATE OF FLORIDA:	
1				
	(Name of fo	oreign limite	ted liability company)	
2	Delaware	3	20-2418819	
Ü	(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)	
4.	March 11, 2005	5.	Perpetual	
	March 11, 2005 (Date of Organization)	(Durat	ation: Year limited ilability company will cease to exist or Aperpetuals)	
6				
	(Date first transacted business in Flo	rida. (See S	Sections 608,501, 608,502, and 817,155, F.S.)	•
7. ,	200 East Las Olas Blvd., Suite 1660			-
_	Fort Lauderdale, Florida 33	301		
	(Street	address of	of principal office)	
8.	If limited liability company is a manager-ms	maged co	ompany, check here X	
9.	The name and usual business addresses of	if the mar	anaging members or managers are as follows:	
_	Tarragon So	uth Deve	elopment Corporation	
_	200 East Las	Olas Biv	lvd., Suite 1660	71
_	Fort Lauderd	lale, Flori	ida 33301	m
			ET OF STATE	; 'O
offi not	ficial having custody of records in the juriso	diction un	nder the law of which it is organized. (A photocopy	2: 54
11.	1. Nature of business or purposes to be con-	ducted or	or promoted in Florida: Any business in	
	which a limited liability company is	permitty.	ed to engage virification of the forest	

Arvin J. Jaffe, as president of Arvin J. Jaffe, P.A., <u>a Florida professional service corporation, authorized representative</u> Typed or printed name of signee

Signature of a member or an authorized representative of a member. (In accordance with section 508, 408(3), F.S., the execution of this document constitutes affirmation under the penalties of perjury that the facts stated herein are true.)

Fax Audit #: H05000089203 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.

and registered agent in the State of Florida.				
1. The name of the limited liability com	pany is:			
Ybor City Tarragon, LLC	4			
2. The name and address of the registere	0. (1			
Arvin J. Jaffe, P.A. (Name)	M49433			
7777 Glades Road, Suite 300 Florida street address (P.O.)				
Boca Raton, Florida 33434 (City/State/Zip)				
Having been named as registered agent and to limited liability company at the place designappointment as registered agent and agree to with the provisions of all statutes relating to	o accept service of process for the above stated agnated in this certificate, I hereby accept the act in this capacity. I further agree to comply the proper and complete performance of any cobligations of my position as registered agree.			
	Arvin J. Jaffe, P.A., a Florida professional service corporation, Registered Agent			
	By: Arvin J. Jaffe President			

Fax Audit #: H05000089203 3

* Fax Audit No: <u>H05000089203 3</u>



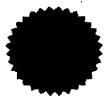
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IBOR CITY TARRAGON, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND EAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF APRIL, A.D. 2005.

AND I DO REREBY FORTHER CERTIFY THAT THE SAID "YBOR CITY TARRAGON, LLC" WAS FORMED ON THE ELEVENTH DAY OF MARCH, A.D. 2005.

AND I DO HERRRY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

3938930 8300 050291126



Harriot Smith Windsor, Secretary of State
AUTHENTICATION: 3803017

DATE: 04-11-05

Fax Audit No: <u>H05000089203 3</u>