# MU500000 3502

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE



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Tallahassee, Florida 32301
(850) 681-6528



CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Cadot Cypress Creek Tower of LLC	
Filing Evidence  □ Plain/Confirmation Copy	Type of Document  ☐ Certificate of Status
□ Certified Copy	☑ Certificate of Good Standing
	□ Articles Only
Retrieval Request  Photocopy	☐ All Charter Documents to Include Articles & Amendments ☐ Fictitious Name Certificate

☐ Certified Co	ру
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**NEW FILINGS** 

Limited Liability

Domestication

Profit

Other

Non Profit

 AMENDMENTS
Amendment
 Resignation of RA Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
Merger

□ Other

OTHER FILINGS
Annual Reports
Fictitious Name
Name Reservation
Reinstatement

	REGISTRATION/QUALIFICATION
	Foreign
Х	Limited Liability
	Reinstatement
_	Trademark
	Other



### 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 FOREIGN AND TO TRANSACTED STATES INTERESTATE OF FLORIDA.

	(Name of Foreign Lin	nited L	ability Company)		
Delaware		3			
(Jurisdiction company is	n under the law of which foreign limited liab organized)	ility	(FEI nun	ber, if	applicable)
June 9, 2	005	5	perpetual		
	(Date of Organization)	, ,,,	(Duration: Year limite exist or "perpetual")	d liabili	ty company will cease to
	(Date first transacted business (See sections 608.501 & 608.50	12 F.S.	to determine penalty liabi		,
100 Sumr	mer Street, 23rd Floor, Boston, Massach	usetts	02111	3	
<del></del>					
	(Street Ad	dress o	of Principal Office)	·	:
	(mass) (m			_	•
If limited	I liability company is a manager-man	aged (	company, check here		· \$ \$
The name	e and usual business addresses of the	mana	aina mamhara ar mar	La crosse	are as follows:
THE HARM	e and ususi pusitiess addresses of the	mana	Burk memoers or mar	ragus	are as follows.
David Fr	edericks, 4000 NE 18th Avenue, Oakland	d Park	FL 33324	<u>.</u>	<u> </u>
		•			•
	· · · · · · · · · · · · · · · · · · ·	<del></del>	····		<u> </u>
			······································		
	s an original certificate of existence, no more th				
	under the law of which it is organized. (A place			tificate i	sin a fincign language, a
nsiadon of t	he certificate under oath of the translator must b	esuxi	illieu.)		•
Nature	of business or purposes to be conduct	ted or	promoted in Florida:	to own	a tenant in common
interest in	the office building located at 800 West 0	Sypres	s Road, Fort Lauderdal	e, Florid	da
	×2 4 4				
	Lough L. Ar				· · · · · · · · · · · · · · · · · · ·
	Signature of a member or a (In accordance with section 608.40	8(3), F.	S., the execution of this docu	ment cor	nstitutes
	an affirmation under the penalties	of perju	ry that the facts stated herein	are true.	)
	an affirmation under the penalties Douglas L. Noren, authorize	of perju	-	are true.	<b>)</b> 

### 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 Com	pany is:		
Cabot Cypress Creek Tower 6 LLC		5 1. kg	<del></del>
2. The name and the Florida street address	s of the registered agent	and office are:	
NRAI Services, Inc.		`, <u> </u>	
	. (Name)	,	
		•	
2731 Executive Park Drive,	Suite 4		
Florida Street Ad	Idress (P.O. Box NOT ACCE	PTABLE)	
Weston	FL 33331		
	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. NRAI Services, Inc.

By: Grang a Signature Asst. Sec.

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

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## Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CABOT CYPRESS CREEK TOWER 6 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 TENTH DAY OF JUNE, A.D. 2005.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CABOT CYPRESS CREEK TOWER & LLC" WAS FORMED ON THE NINTH DAY OF JUNE, A.D. 2005.

3983004 8300

050485582

Darriet Smith Hindson Harries Smith Windson

DATE: 06-10-05