

APR-19-06

12:56PM

FROM: Greenberg Traurig, P.A.

5613317088

T-633

P.005/012

F-716

M0600002247

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.**

((H060001051583)))

**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 : GREENBERG TRAURIG (WEST PALM BEACH)  
Account Number : 075201001473  
Phone : (561) 650-7900  
Fax Number : (561) 635-6222

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 APR 19 AM 9:33

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

BOA 915 LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

06 APR 19 PM 2:42

DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing Menu

Help

(((H06000105158 3)))

**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 TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:*

1. BOA 915 LLC  
(Name of Foreign Limited Liability Company)

2. DELAWARE  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. Not Applicable  
(FEI number, if applicable)

4. 04/04/06  
(Date of Organization)

5. Perpetual  
(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. 3500 Flamingo Drive  
Miami Beach, FL 33140  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

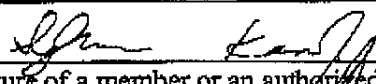
9. The name and usual business addresses of the managing members or managers are as follows:

SK 915 LLC  
3500 Flamingo Drive  
Miami Beach, FL 33140

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: \_\_\_\_\_

Ownership of Commercial 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 an affirmation under the penalties of perjury that the facts stated herein are true.)  
Sylvia Kanoff, as Manager of SK 915 LLC, its sole member  
Typed or printed name of signee

(((H06000105158 3)))

FILED  
06 APR 19 AM 9:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(((H06000105158 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.

1. The name of the Limited Liability Company is:

**BOA 915 LLC**

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

**Berta Management of Florida Corp.**

(Name)

**3500 Flamingo Drive**

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

**Miami Beach**

**FL 33140**

City/State/Zip

FILED  
06 APR 19 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

(Signature)

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

(((H06000105158 3)))

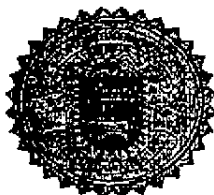
# Delaware

((H06000105158 3)))

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BOA 915 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 EIGHTEENTH DAY OF APRIL, A.D. 2006.



4137285 8300

060358186

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4674026

((H06000105158 3)))

DATE: 04-18-06