(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
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DIVISION OF CONFURATION 06 APR 28 MH II: 22 

CT 1203 Governors Square Blvd. Tallahassee, FL 32301-2960

850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

April 28, 2006

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 6627898 SO

Customer Reference 1:

25287

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Thank You!

LOFT STYLE LP HOLDINGS, LLC (DE) Registration Florida

LOFT STYLE LP HOLDINGS, LLC (DE) Cert Copy of Application for Authority-Foreign Florida

LOFT STYLE LP HOLDINGS, LLC (DE) Certificate of Status-Foreign Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Page I of 2

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITEDLIABILITY COMPANYTO TRANSACTBUSINESSINTHE STATE OF FLORIDA:

LOFT STYLE LP HOLDINGS, LLC (Name of Foreign Limite	ed Liability Company)
Delaware	3. N/A
(Jurisdiction under the law of which foreign limited liabilit company is organized)	
April 24, 2006 (Date of Organization)	5. Perpetual (Duration: Year limited liability company will cease to
N/A	exist or "perpetual")
(Date first transacted business in (See sections 608.501 & 608.502	Florida, if prior to registration.) F.S. to determine penalty liability)
1300 Brickell Avenue	
Miami, FL 33131	
	ss of Principal Office)
If limited liability company is a manager-manager	ged company, check here APR 28 PH 28 PH 12 00 PH
The name and usual business addresses of the m	nanaging members or managers are as follows:
Loft Style, LLC, a Florida limited liability com	pany SS S
1300 Brickell Avenue	
Miami, FL 33131	
Attached is an original certificate of existence, no more than se jurisdiction under the law of which it is organized. (A photo instation of the certificate under oath of the translator must be s	90 days old, duly authenticated by the official having custody of records is scopy is not acceptable. If the certificate is in a foreign language, a submitted.)
	Ownership of a 100% membership
. Nature of business or purposes to be conducted	interest in a limited liability company owning a 49% limited f or promoted in Florida: partnership interest in a limited
partnership that owns and manages certain real p	property, and conducting all activities related thereto
Zala	The same of the sa
(In accordance with section 608,408(3	authorized representative of a member. B), F.S., the execution of this document constitutes perjury that the facts stated herein are true.)
Eduardo Imery, Authorized F	Representative
Typed or prin	ted name of signee

American LegalNet, Inc. www.USCourtForms.com

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.

The name of the Limited Liability Company is:	
FT STYLE LP HOLDINGS, LLC	
The name and the Florida street address of the registered agent and office	e are:
Eduardo Imery (Name)	_
1300 Brickell Avenue Florida Street Address (P.O. Box NOT ACCEPTABLE)	06 APR 28 SECRETARY PALLAHASSEE
Miami, FL 33131	
City/State/Zip	PH 12: 00 F. STATE FLOAIDA
ving been named as registered agent and to accept service of process for ti ited liability company at the place designated in this certificate, I hereby acc ointment as registered agent and agree to act in this capacity. I further ago th the provisions of all statutes relating to the proper and complete perform ies, and I am familiar with and accept the obligations of my position as reg vided for in Chapter 608, Florida Statutes.	ne above stated cept the ree to comply vance of my
GHAD .	1
(Signature)	•

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

L____

American LegalKet, Inc. www.USCourtForms.com

Delaware

DACE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LOFT STYLE LP HOLDINGS, 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 TWENTY-FOURTH DAY OF APRIL, A.D. 2006.

Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 4689711

DATE: 04-24-06

4147175 8300 060376433