M06000004643

(R	lequestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	lusiness Entity Name)
(D	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only



700078363837

08/22/06--01040--007 **155.00

DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

2006 AUG 22 PM 12: 5906 AUG 22

TO ACMADELEGGE SLUNC 13:6

EGE SLUBERARY OF STATE
FILINGALLAHASSEF, I LORINA

Address City/State/Zip Phone #	Office Use Only	
CORPORATION NAME(S) & DOCUM	7	
1. GMD Rep. Name)	(Document #)	- .
2. (Corporation Name)	(Document #)	_ <u> </u> ec.*
3. (Corporation Name)	(Document #)	, e z
Walk in Pick up time Wail out Will wait	(Document #) Certified Copy Photocopy Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	e e e
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	
CR2E031(7/97)	Examiner's Initials	

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

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. GMD REALTY LLC
(Name of Foreign Limited Liability Company)
2. New York 3. 11-3434008
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
4. April 9, 1998 _{5.} December 31, 2058
(Date of Organization) (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. 30 Shelter Rock Road
Manhasset, New York 11030
(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:
Salvatore Gaudio - 30 Shelter Rock Road, Manhasset, New York 11030
Robert Malta - 119 West 79th Street, P.M. Box 400, New York, New York 10023
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 and
management of condominium unit #1409 at the Continuum at South Beach, Miami Beach Florida
Soulden Aurelin
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.)
Salvatore Gaudio, Member
Typed or printed name of signee

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
1.	THE HAIR	OI UIC		LIMUILL		1.3

GM	D	RI	EAI	LT)	ΥL	LC

2. The name and the Florida street address of the registered agent and office	2.	The name a	and the F	lorida street	address of	of the i	registered	agent and	office a	are
---	----	------------	-----------	---------------	------------	----------	------------	-----------	----------	-----

Javier Lopez			
	(Name)		
400 South Pointe,	Apt. 404		
Florida Street Add	ress (P.O. Box 1	IOT ACCEPTABLE)	
Miami Beach,	FL	33139	
	City/State/Zi	p	

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)

State of New York Department of State } ss:

I hereby certify, that GMD REALTY LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/09/1998, and that the Limited Liability Company is existing so far as shown by the records of the Department.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 17th day of August two thousand and six.

Special Deputy Secretary of State

200608180001 56