# MWW05354

(Requestor	's Name)	<del></del>	
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(Address)			
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(City/State	Zip/Phone #)		
PICK-UP	WAIT	MAIL	
(Business	Entity Name)		
(Document	Number)		
Certified Copies C	ertificates of S	tatus	
Special instructions to Filing C	fficer:		
W06-41	1139		
789, 647	107		
,	e Use Only	•	



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SECRETARY N. T. C. DIVICTOR OF DAY 3: 1.5

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### **COVER LETTER**

	egistration Section ivision of Corporations		_
SUBJEC	T: Birkat David V LLC		
	(Name of I	Limited Liability Company)	
Florida,"		Liability Company for Authorization to Transa e submitted to register the above referenced for a	
Please re	turn all correspondence concerning th	is matter to the following:	
	Doreen Bennett		
		(Name of Person)	
	Cummings & Lockwood LLC		SECRETA NVICTOR Z
		(Firm/Company)	
	3001 Tamiami Trail North, Suite 400		92 26
		(Address)	PM 3: 45
	Naples, Florida 34103		<del>5</del>
	(City	y/State and Zip Code)	
For furthe	er information concerning this matter,	please call:	
_ 1	Doreen Bennett	at ( 239 ) 649-3129	
	(Name of Person)	(Area Code & Daytime Telephone Nur	nber)
D P.	AILING ADDRESS: ivision of Corporations O. Box 6327 allahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	is a check for the following amount: \$125.00 Filing Fee \$\sum \\$130.00 Filing Fee Certificat		e, Certificate & Certified Conv



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 20, 2006

DOREEN BENNETT CUMMINGS & LOCKWOOD LLC 3001 TAMIAMI TRAIL NORTH, SUITE 400 NAPLES, FL 34103

SUBJECT: BIRKAT DAVID V LLC Ref. Number: W06000041139

We have received your document for BIRKAT DAVID V LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Letter Number: 406A00056201

Deborah Bruce Document Specialist nns cfp 26 PM 3: 45

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLÖWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

·	· ·
(Name of Foreign Limited	Liability Company)
Alaska	3 20-5550410
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
08/24/2006	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
10/01/2006	
(Date first transacted business in I (See sections 608.501 & 608.502 F.	Florida, if prior to registration.) S. to determine penalty liability)
6100 Glades Road, Suite 305	
Boca Raton, Florida 33434	
(Street Addres	ss of Principal Office)
. If limited liability company is a manager-manage	ss of Principal Office)
. The name and usual business addresses of the ma	anaging members or managers are as follows:
Jonathan Agus	<u> </u>
(100 Ci. i., D 1 Chin 205	<b>5</b>
6100 Glades Road, Suite 305	01
Boca Raton, Florida 33434	Oi
Boca Raton, Florida 33434  O. Attached is an original certificate of existence, no more than 9	O days old, duly authenticated by the official having custody of records in opy is not acceptable. If the certificate is in a foreign language, a
Boca Raton, Florida 33434  O. Attached is an original certificate of existence, no more than 90 to jurisdiction under the law of which it is organized. (A photox	O days old, duly authenticated by the official having custody of records in opy is not acceptable. If the certificate is in a foreign language, a librnitted.)

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.

Birkat David V LLO			
2. The name and the Florida street address of the registered agent and office are:		2006	SIAIG 3S
	CLASP, INC.	SEP	
-	(Name)	26	
	3001 Tamíamí Trail North, Suite 400	PH :	3 -:3
-	Florida Street Address (P.O. Box NOT ACCEPTABLE)	3; ¢5	Ā
1	Naples FL 34103		
_	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.

By: (Signature)

1. The name of the Limited Liability Company is:

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

Alaska Entity # 103299

# State of Alaska Department of Commerce, Community, and Economic Development

# CERTIFICATE OF GOOD STANDING

THE UNDERSIGNED, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby certifies that

2006 SEP 26 PM 3: 45

#### BIRKAT DAVID V LLC

on the 5th day of September, 2006 filed in this office its Articles of Organization for a Limited Liability Company organized under the laws of this state.

I FURTHER CERTIFY that said Limited Liability Company is in good standing, having fully complied with all the requirements of this office.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute this certificate and affix the Great Seal of the State of Alaska on the 12th day of September, 2006.

Julean Green

William C. Noll Commissioner

Certification Number: 139184-1

Verify this certificate online at https://myalaska.state.ak.us/business/soskb/verify.asp