M06000006591

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bo	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	'
	7/	
\	Office Use Only	



100081817511

1:01 I'M 62 KON 90

O6 NOV 29 PM 2: 2

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Drive, Suite A Tallahassee, FL 32301 PHONE: (850) 216-0457; FAX: (850) 216-0460

OS MON 29 PH 2:27

DATE:

11-29-06

NAME: MARINER PARK CENTRE S, LLC

TYPE OF FILING: APPLICATION TO TRANSACT BUSINESS

COST:

\$160

RETURN: GOOD STANDING & CERTIFIED COPY

ACCOUNT: FCA000000015

AUTHORIZATION:

	• ,	•		•
1/26/2006	10:44	5615337877	HOMER H MARSHMAN	PAGE 12
			Ŕ	SECONDA TO
APPLIC	CATION		ED LIABILITY COMPANY FOR AUTHORIZA ET BUSINESS IN FLORIDA	THON TO'S
IN COMPLIA LIMITED LIA	NCE WITH BILITY COM	SECTION 608.503, FLORIDA PANY TO TRANSACT BUSINES	STATUTES, THE FOLLOWING IS SUBMITTED TO REGIST IS IN THE STATE OF FLORIDA:	ER A ROREGON A
1. Mariner P	ark Centre S	LLC		907
*1		(Name of Foreign	Limited Liability Company)	—— %·
2. Delaware			•	P
(Jurisdictio	on under the organized)	law of which foreign limited	liability (FEI number, if applicable)	
4. Novembe		Organization)	5. Perpetual (Duration: Year limited liability company will exist or "perpetual")	cease to
6		(Date first transacted busin (See sections 608.501 & 608	ness in Florida, if prior to registration.) 8.502 F.S. to determine penalty liability)	
7. 1601 Belv	edere Road,	#200E		destruction
West Paln	Beach, FL			
		(Street	Address of Principal Office)	
8. If limite	d liability	company is a manager-m	nanaged company, check here	
9. The nam	e and usu	al business addresses of t	the managing members or managers are as follows:	
Mariner	Park Centre	M, LLC		
1601 Be	Ivedere Ross	1, #200B		
West Pal	m Beach, Fl	orida 33406		
custody of re	cords in the	jurisdiction under the law	to more than 90 days old, duly authenticated by the official of which it is organized. (A photocopy is not acceptable rtificate under eath of the translator must be submit	. If the certificate
11. Nature	of busines	s or purposes to be condu	ucted or promoted in Florida:	
Real Esta	ate	(In accordance with seation 608.	or an authorized representative of a member. 408(3), J.S., the execution of this document constitutes les of perjury that the facts stated herein are true.	
		By: Mariner Asset Mans	les of perjury that the facts stated herein are true.) LLC, its sole member agement LLC, its sole member printed name of signee Manager	

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MARINER PARK CENTRE S, 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 TWENTIETH DAY OF NOVEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MARINER PARK CENTRE S, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF NOVEMBER, A.D. 2006.

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

4254138 8300 AUTHENTICATION: 5209823

DATE: 11-20-06

061063208

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:			
	Mariner Park Centre S, LLC			
2.	The name and the Florida street address of the registered agent and office are:			
	Mark J. Wojnar			
	(Name)			
	1601 Belvedere Road, #200E			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	West Palm Beach, Florida 33406			
	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: Mark J. Wojnar
(Signature)

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