# M06000006789

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#### TRANSMITTAL LETTER

TO: Registration S Division of C			
SUBJECT:	MIAMI	IKPD, LLC	
•	(Name	of Limited Liability Company)	
Florida," Certificate		ted Liability Company for Authorizati k are submitted to register the above re orida	
Please return all corre	espondence concernin	g this matter to the following:	
	CHM	15TTANA MOFFA	
		(Name of Person)	
			Z V
/	VAN KANEE	NTERPRISES, INC.	SEC /1810
		(Firm/Company)	DEC
	450 N. RO	SMOREHUE. SUITE 1004 (Address)	- RAP
		(Address)	
			STATE DRATIO 4: 59
	LOS MUSE	LES. 01 90004	7. S
_	(	City/State and Zip Code)	<del></del>
For further information	on concerning this ma	•	
CHRI	STANA MOFFA	at ( <u>323</u> ) <u>465-42</u> (Area Code & Daytime Te	:42
	(Name of Person)	(Area Code & Daytime Te	lephone Number)
STREET AD Registration S	Section	MAILING ADDRES Registration Section	
Division of C 409 E. Gaines		Division of Corporation P.O. Box 6327	ons
Tallahassee, F		Tallahassee, Florida 3	2314
	or the following amou		

□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate

Certificate of Status Certified Copy

□ \$160.00 Filing Fee, Certified Copy



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 30, 2006

CHRISTIANA MOFFA IVAN KANE ENTERPRISES, INC. 450 N. ROSSMORE AVE., SUITE 1004 LOS ANGELES, CA 90004

SUBJECT: MIAMI IKFD, LLC Ref. Number: W06000051888 SECRETARY OF STATE OF VISION OF CORPORATIONS

We have received your document for MIAMI IKFD, 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.

Deborah Bruce Document Specialist

Letter Number: 006A00068958

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

N COMPLIANCE WITH SECTION 60 IMITED LIABILITY COMPANY TO TRA		I, THE FOLLOWING IS SUBMITTED TO TATE OF FLORIDA:	) REGISTER A FOREIG
MI	tMI IKPD, LL	<u> </u>	
()	Name of Foreign Limited Lia	ibility Company)	
DELAWARE	3.	20-574/3/9 (FEI number, if applicab	
(Jurisdiction under the law of which company is organized)	foreign limited liability	(FEI number, if applicab	ole)
(Date of Organization	5.	PERPENUAL (Duration: Year limited liability comp	
(Date of Organization	n)	(Duration: Year limited liability comp exist or "perpetual")	any will cease to
) <b>,</b>	V/t-		SE SEVILLE
(Date first (See section	t transacted business in Flori ns 608.501 & 608.502 F.S. to	da, if prior to registration.) o determine penalty liability)	
737 WA	SHINGTON AVE	<u> </u>	1AR 0F C
		3/39 Principal Office)	PR ORP
	(Street Address of	Principal Office)	
. If limited liability company is			ATION 59
		/	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		ging members or managers are as t	
IVEN KHNE ENT	ERPRISES, INC	. CIVAN KANE, PA	ESIDENT)
450 N. ROSS MI	REAVE. # 100	4	
LOS KNGELES			
	is organized. (A photocopy	ys old, duly authenticated by the official has is not acceptable. If the certificate is in a footted.)	
1. Nature of business or purpo	ses to be conducted or p	promoted in Florida: _NIGHTCO	'UB
WITH LIVE ENTE	KIAINMENT (	MUSE / DANCING)	•
	1 //200	//lere)	
		orized representative of a member	- r.
		, the execution of this document constitutes y that the facts stated herein are true.)	
	IVAN KAN	le	

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:	
MIRMI IKPD, LIC	
2. The name and the Florida street address of the registered agent and office are:	O O
TERMINELLO 3 TERMINELLO, P. A. (Name)	SECRETÁRY IVISION OF C
2700 SW 37TH AVE	PH ORP
Florida Street Address (P.O. Box NOT ACCEPTABLE)	STATE ORATIO
MIAMI FL 33/33	) WE
City/State/Zip	
Having been named as registered agent and to accept service of process for the above staliability company at the place designated in this certificate, I hereby accept the appointmagent and agree to act in this capacity. I further agree to comply with the provisions of a relating to the proper and complete performance of my duties, and I am familiar with and obligations of my position as registered agent as provided for in Chapter 608, Florida Sta	ent as registered all statutes d accept the
(Signature)	

\$ 10	0.00	Filing Fee for Application
\$ 2	5.00	Designation of Registered Agent
\$ 3	0.00	Certified Copy (optional)
\$	5.00	Certificate of Status (optional)

## Delaware

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MIAMI IKFD, 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 SIXTH DAY OF DECEMBER, A.D. 2006.



4236560 8300

061115699

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5253800

DATE: 12-06-06