

MO600006941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

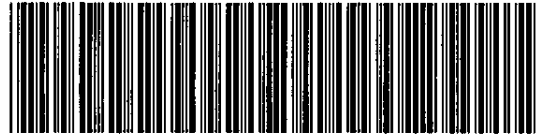
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/15/06--01005--012 **130.00

RECEIVED
06 DEC 14 PM 4:45
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
06 DEC 14 AM 8:58
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRICIA TADLOCK

DATE: 12-14-06

REF. #: RA0816.61395

CORP. NAME: NYHD PARTNERS, LLC

FILED
06 DEC 14 AM 8:59
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

- | | | |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input checked="" type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 519460 FOR \$ 130.00.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|---|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input checked="" type="checkbox"/> CERTIFICATE OF STATUS | | |

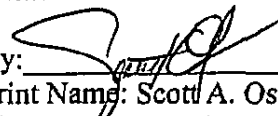
Examiner's Initials

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

*In compliance with Sections 608.503, Florida Statutes, the following is submitted to register a
foreign limited liability company to transact business in the state of Florida:*

1. The name of the limited liability company is **NYHD PARTNERS, LLC** ("Company")
2. Jurisdiction under the law of which the Company is organized is Delaware.
3. The FEI number is applied for.
4. Date of organization is December 15, 2006
5. Duration is perpetual.
6. Date first transacted business in Florida: Upon filing of this registration of foreign limited Liability Company.
7. The street address of the Company's principal office is 1691 Michigan Avenue, Suite 300, Miami Beach, Florida 33139.
8. If limited liability company is manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows: LG Capital Partners, LLC
1691 Michigan Avenue, Suite 300,
Miami Beach, Florida 33139.
10. *Attached is an original certificate of existence, no more than ninety (90) days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which the Company is organized.*
11. Nature of business or purposes to be conducted or promoted in Florida: the transaction of any lawful business.

NYHD PARTNERS, LLC
Delaware Limited Liability Company

By: 
Print Name: Scott A. Osman
Title: Executive Vice President

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06 DEC 14 AM 8:59
CLERK OF STATE
TALLAHASSEE, FLORIDA

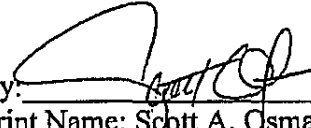
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

*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 **NYHD PARTNERS, LLC**
2. The name and Florida street address of the registered agent and office are:

Scott Osman
1691 Michigan Avenue, Suite 300
Miami Beach, Florida 33139

*Having been named as registered agent and to accept service of process for the above named
limited liability Company at the place designated in this certificate, the undersigned hereby
accepts the appointment as registered agent and agrees to act in this capacity. The undersigned
further agrees to comply with the provisions of all statutes relating to the proper and complete
performance of its duties, and the undersigned is familiar with and accepts the obligations of its
position as registered agent as provided for in Chapter 608, F.S.*

By: 
Print Name: Scott A. Osman
Title: Executive Vice President

Delaware

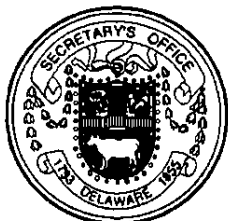
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NYHD PARTNERS, 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 FOURTEENTH DAY OF DECEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NYHD PARTNERS, LLC" WAS FORMED ON THE THIRTEENTH DAY OF DECEMBER, A.D. 2006.

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



4267727 8300

061145973

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5279640

DATE: 12-14-06