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SECRETARY OF STATE
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M07-263



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 14, 2006

RENE FERRER 9050 PINES BLVD SUITE 255 PEMBROKE PINES, FL 33024

SUBJECT: GOTHAM FINANCIAL, LLC

Ref. Number: W06000053820

We have received your document for GOTHAM FINANCIAL, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's date of incorporation/organization must be listed in the document.

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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 (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 806A000711

2007 JAN 16 PM 3:48



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 27, 2006

RENE FERRER 9050 PINES BLVD SUITE 255 PEMBROKE PINES, FL 33024

SUBJECT: GOTHAM FINANCIAL, LLC

Ref. Number: W06000053820

We have received your document for GOTHAM FINANCIAL, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the names and street addresses of the members or managers of the limited liability company.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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 zell (850) 245-6020.

Tammi Cline Document Specialist

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GOTHAM FINGUE UC (Name of Limited	d Liability Company)
The enclosed "Application by Foreign Limited Liabil Florida," Certificate of Existence, and check are submitability company to transact business in Florida	lity Company for Authorization to Transact Business in nitted to register the above referenced foreign limited
Please return all correspondence concerning this matt	er to the following:
René Ferr	e of Person)
GOTHAM FI	NMC141 LLC.
9050 Rivies (A	BLVD SUITE 255
Pen Bryce f (City/State	and Zip Code)
For further information concerning this matter, please	e call:
Reve Ferrer J	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301
Enclosed is a check for the following amount: \$\sumsymbol{\sum}\sin\sin\sin\sin\sin\sin\sin\sin\sin\sin	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate atus Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608,503, FLORIDA STATUTES, THE FÖLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ė.
1. Cothan Financia LLC. (Name of Foreign Limited Liability Company) 2. Delaware. (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	
company is organized)	
4. October 27, 2006 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to	•
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6. NA (Date first transacted business in Florida, if prior to registration.)	
(See sections 608.501 & 608.502 F.S. to determine penalty hability)	
7. 9050 Pines Blud Suite 255	<u>.</u>
Pembroke Pines, Fl 33024. (Street Address of Principal Office)	
(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:	
9050 Pines Blyd Suite 255	
Pembroke Pines, F1 33024	
rembroke rines, F1 33024	• -5-
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	'n
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records	'n
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10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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 eath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Signature of a member or an authorized representative of a member AREL ASSET	in

CERTIFICATE OF DECIGNATION 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.

Got/	nam Fine	incial.	LLC		
2. The name and	the Florida street	address of th	e registered	agent and offi	ce are:
	René	Ferrer	丁.		
-			(Name)		*
	9050	Pines	BlAg	Suite	255
•	Florida	Street Address	(P.O. Box NC	T ACCEPTABLE)	
	Pembrok	ie Pines	'n FL	33302	Ψ.
•			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.

(Signature)

1. The name of the Limited Liability Company is:

\$ 500.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 500 Certificate of Status (optional)

2007 JAN 16 PH 3:49
SECRETARY OF STATE

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GOTHAM PINANCIAL, 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 FOURTH DAY OF JANUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GOTHAM FINANCIAL, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2006.

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

4242283 8300 070011957



Harriet Smith Windsor, Secretary of State

DATE: 01-04-07