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Flage Development Group 305-520-2400

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**M0700000797**

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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : CODINA GROUP, INC.  
Account Number : I20020000144  
Phone : (305) 520-2344  
Fax Number : (305) 520-2400

**FLORIDA/FOREIGN LIMITED LIABILITY CO**

**Doral K1 Phase LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
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February 9, 2007

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CODINA GROUP, INC.

SUBJECT: DORAL KI PHASE LLC  
REF: W07000006762

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheets.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6020.

Tammi Cline  
Document Specialist

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

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

1. Doral K1 Phase LLC  
(Name of Foreign Limited Liability Company)
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-8194862  
(FEI number, if applicable)
4. 11/13/06  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon qualification  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 355 Alhambra Circle, Suite 900  
Coral Gables, FL 33134  
(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:  
Doral K1 Mezzanine LLC  
355 Alhambra Circle, Suite 900  
Coral Gables, FL 33134
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in 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 oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: any lawful purpose

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TALLAHASSEE, FLORIDA

Kolleen O.P. Cobb  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes  
an affirmation under the penalties of perjury that the facts stated herein are true.)

Kolleen O.P. Cobb, Authorized Representative

Typed or printed name of signee

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**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:

Doral K1 Phase LLC

2. The name and the Florida street address of the registered agent and office are:

Kolleen O.P. Cobb

(Name)

355 Alhambra Circle, Suite 900

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Coral Gables, FL 33134 FL

City/State/Zip

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*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.*

Kolleen O.P. Cobb  
(Signature)

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

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# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF FORMATION OF "DORAL K1 PHASE LLC",  
FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF NOVEMBER, A.D.  
2006, AT 3:39 O'CLOCK P.M.



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061038045

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5199157

DATE: 11-15-06

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