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(Re	equestor's Name)	
(Ac	idress)	
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CIVISION OF CORPORATIONS

+ SRYAN FEB 1 4 2007.

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: LMBT Associates, LLC (Name of Limit	ted Liability Company)	
The enclosed "Application by Foreign Limited Liab Florida," Certificate of Existence, and check are subliability company to transact business in Florida		
Please return all correspondence concerning this ma	atter to the following:	
Ryan Holzbaur		
(Nan	ne of Person)	
Registered Agents Legal Service	es, LLC	OT FEB
(Firm/Company)		BIS REFERENCE
1220 N. Market Street, Suite	806	CORPORATIONS 2 PM 3: 28
(Address)	3: 2
Wilmington, Delaware 1980)1	8
(City/Sta	te and Zip Code)	
For further information concerning this matter, plea	se call:	
Ryan Holzbaur	at (302) 472.5230	
(Name of Person)	(Area Code & Daytime Telephone Numb	er)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: [2] \$125.00 Filing Fee	☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, 6 Status Certified Copy of Status &	Certificate Certified Copy

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

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

1. LMBT Associates, LLC			
(Name of Foreign Li	imited Lia	bility Company)	
2. Delaware	3.		
(Jurisdiction under the law of which foreign limited lia company is organized)	ability	(FEI number, if applicable	e)
4. December 19, 2006	5.	Perpetual	
(Date of Organization)		(Duration: Year limited liability compa exist or "perpetual")	my will cease to
6. Has not transacted business in Florida			DIVÎS 07
(Date first transacted busines (See sections 608.501 & 608.5	ss in Flor 502 F.S. t	da, if prior to registration.) o determine penalty liability)	CRETARY DN OF CO
7. 230 South Broad Street, Mezzanine Floor	r		2 37
Philadelphia, Pennsylvania 19102	_		PH ST
	ddress o	Principal Office)	——————————————————————————————————————
8. If limited liability company is a manager-ma	maged c	ompany, check here	28
9. The name and usual business addresses of the	e mana	ging members or managers are as fo	ollows:
Edward Lipkin - 230 South Broad Street, Me	zzanine	Floor Philadelphia Pennsylvania	10102
Edward Elphin 200 Court Blodd Chook, Mc.	- Larinic	1 1001, 1 madeipma, 1 etmayivama,	13102
10 44 1.11 1.12 1.13		11.11 4 2 1 1 4 67 1 1	
 Attached is an original certificate of existence, no more the the jurisdiction under the law of which it is organized. (A pl 			
translation of the certificate under oath of the translator must			6 5 5
11. Nature of business or purposes to be conduc	cted or	promoted in Florida: property mar	nagement
91	/		
		norized representative of a member	•
		., the execution of this document constitutes y that the facts stated herein are true.)	
Edward Lipkin, Managir		•	

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:	
LMBT Associates, LLC	
2. The name and the Florida street address of the registered agent and office are:	
Registered Agents Legal Services, LLC	SECRI DIVISION 07 FEE
(Name)	- FCB
155 Office Plaza Drive, Suite A	TARY OF CO
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Talahassee _{FL} 32301	ORATIONS 1 3: 29
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) MICHAEZ W. ASHLE)

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

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LMBT ASSOCIATES, 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 TWENTY-FOURTH DAY OF JANUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LMBT ASSOCIATES, LLC" WAS FORMED ON THE NINETEENTH DAY OF DECEMBER, A.D. 2006.

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

SECRETARY OF STATE STATE OF CORPORATIONS

4270935 8300

070080560

DATE: 01-24-07

AUTHENAME SHITT WINdsor Secretary of State