Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000194853 3)))



H070001948533ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corpor

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : CARLTON FIELDS
Account Number : 076077000355
Phone : (813)223-7000
Fax Number : (813)229-4133

SECRETARY OF STA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

AECEIVED AUG-1 PM 1:49

SECRETARY OF STATE TALLAHASSEE, FLORIDA

REIMS PINECREST 124, LLC

Certificate of Status	i
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

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: REIMS PINECREST 124, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") 26-0616102 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 4. JULY 30, 2007. PERPETUAL (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") 6. UPON QUALIFICATION (Date first transacted business in Plorida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 4601 NW 36 STREET, MIAMI, FLORIDA 33166 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here \(\sqrt{} \) 9. The name and usual business addresses of the managing members or managers are as follows: REIMS MANAGEMENT, INC., MANAGER, 4601 NW 36 ST., MIAMI, FL 33166 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: Engage in any lawful act or activity authorized in the State of Florida

(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.)

Carlos A. Mas, Esq., Authorized Representative

Signature of a member or an authorized representative of a member.

A. Mas, Esq., Authorized Representativ

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

UNDERSIGNATO DESIGNA	O THE PROVISIONS ED LIMITED LIABILE TE A REGISTERED (ITY COMPAN	IY SUBMITS	S THE FOL	LOWING S	TATEMENT
FLORIDA.,		ι.)* ·
1. The name of the Limited Liability Company is: REIMS PINECREST 124, LLC						
REINS PIL	NECHES 1 124, 1	_LC				· · · · ·
If name unava	lable, the alternate na	me to be used	in the state o	f Florida is:	:	
2. The name a	nd the Florida street a	ddress of the r	egistered age	nt and offic	ce are:	
Mr.	CFRA, LLC		身份			- (,
		(Na	me)			:
4221 W. BOY SCOUT BLVD.						:
	Florida St	reet Address (P.C), Box NOT A	CCEPTABLE)		
	TAMPA, FLORIDA 3	3601-3239	FL	:	,,,,,	
		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)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REIMS PINECREST 124, 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 THIRTIETH DAY OF JULY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REIMS PINECREST 124, LLC" WAS FORMED ON THE THIRTIETH DAY OF JULY, A.D. 2007.

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



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5885801

DATE: 07-30-07

4397945 8300

070869329