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TO: Registration Section

COVER LETTER

Division of Corporations	
SUBJECT: 400 Cypress, LLC	
	ted Liability Company)
	oility Company for Authorization to Transact Business in omitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	atter to the following:
Linda Riccio	
(Nan	ne of Person)
400 Cypress, LLC	
(Firm	n/Company)
400 N Cypress Drive Suite	1
((Address)
Tequesta, FL 33469	
(City/Sta	te and Zip Code)
For further information concerning this matter, plea	se call:
Linda Riccio	at (561) 748-2205
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building 2661 Executive Center Circle
Tallahassee, FL 32314	Tallahassee, FL 32301
Enclosed is a check for the following amount: [3] \$125.00 Filing Fee \$ Certificate of S	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Status 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 FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 400 Cypress, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C	L," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and consent of the managers or managing members adopting the alternate name. The alternate name must inc Company," "L.L.C.," "LLC.")	attach a copy of the writter lude "Limited Liability
_{2.} Delaware _{3.} 20-5415527	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applic company is organized)	able)
4. July 1, 2006 (Date of Organization) 5. Perpetual (Duration: Year limited liability conexist or "perpetual")	npany will cease to
6. September 27, 2007	0
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	SEC SINITED TO THE PROPERTY OF
7. 400 N Cypress Drive, Suite 1	
Tequesta, FL 33469 (Street Address of Principal Office)	**************************************
(Street Address of Principal Office)	10.
8. If limited liability company is a manager-managed company, check here	20
9. The name and usual business addresses of the managing members or managers are as	follows:
Bud Palmieri, 400 N Cypress Drive Suite 1, Tequesta, FL 334	69
Linda Riccio, 400 N Cypress Drive Suite 1, Tequesta, FL 3346	9
	,
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official I the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a stranslation of the certificate under onth of the translation must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida: Constru	ction
Signature of a marginal representative of a marginal	
Signature of a member or an authorized representative of a memb (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.)	

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:	
400 Cypress, LLC	
If name unavailable, the alternate name to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
Linda Riccio	
(Name)	
400 N Cypress Drive Suite 1	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Tequesta, FL 33469 FL	
City/State/Zip	
Having been named as registered agent and to accept service of process for the above stated lin liability company at the place designated in this certificate, I hereby accept the appointment as a agent and agree to act in this capacity. I further agree to comply with the provisions of all staturelating to the proper and complete performance of my duties, and I am familiar with and accept obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes. (Signature)	registerea ıtes

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

\$ 25.00 Designation of Registered Agent

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "400 CYPRESS, 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 THIRD DAY OF OCTOBER, A.D. 2007.

4210606 8300

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Harriet Smith Windson, Secretary of State

AUTHENTICATION: 6048376

DATE: 10-03-07