# M08000001937

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200122618872



B. KOHR

APR 2 3 2008

**EXAMINER** 





110000111 1101 1 07210000001	ACCOUNT	NO.	:	072100000032
------------------------------	---------	-----	---	--------------

REFERENCE : 532553 4346861

AUTHORIZATION

COST LIMIT

ORDER DATE: April 16, 2008

ORDER TIME : 11:42 AM

ORDER NO. : 532553-010

CUSTOMER NO: 4346861

FOREIGN FILINGS

NAME: THE MIDTOWN NIKI GROUP, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley -- EXT# 2930

EXAMINER:

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

	IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLO LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLO.	
	The Midtown Niki Group	LLC
1.	(Name of Foreign Limited Liability Company; must include "Limited Liability Company)	ability Company," "L.L.C.," or "LLC.")
cor	(If name unavailable, enter alternate name adopted for the purpose of transacting consent of the managers or managing members adopting the alternate name. The Company," "L.L.C.," "LLC.")	business in Florida and attach a copy of the written alternate name must include "Limited Liability
2	2. California 3.	27-0065607
7	(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4.	4. May 25, 1999 5. Decem (Date of Organization) (Duration:	ber 31, 2040
	(Date of Organization) (Duration: exist or "po	Year limited liability company will cease to repetual")
6.	6	
	(Date first transacted business in Florida, if prior to (See sections 608.501 & 608.502 F.S. to determine per	registration.) enalty liability)
7.	7. 3655 Nobel Drive, Suite 650	- FO B T
	San Diego, CA 92122	23
	(Street Address of Principal Off	fice)
8.	8. If limited liability company is a manager-managed company, ch	eck here  ers or managers are as follows:
9.	9. The name and usual business addresses of the managing member	ers or managers are as follows:
	See Attached.	P
		-
the	10. Attached is an original certificate of existence, no more than 90 days old, duly authe jurisdiction under the law of which it is organized. (A photocopy is not acceptably translation of the certificate under oath of the translator must be submitted.)	
11	11. Nature of business or purposes to be conducted or promoted in	Florida: Real Estate Investment
		_
	Signature of a member or an authorized repr	esentative of a member.
	(in accordance with section 608.408(3), F.S., the execution are affirmation under the penalties of perjury that the facts	of this document constitutes
	Brian C. Malk	·
	Typed or printed name of sign	nee

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

#### THE MIDTOWN NIKI GROUP, LLC

#### Names and Complete Addresses of Managers:

7. Name	Address	City and State	Zip Code
Brian C. Malk	3655 Nobel Drive, Suite 650	San Diego, CA	92122
Peter A. Zarcades	3655 Nobel Drive, Suite 650	San Diego, CA	92122
Cheri Phinney	3655 Nobel Drive, Suite 650	San Diego, CA	92122
David Trakman	3655 Nobel Drive, Suite 650	San Diego, CA	92122
Raymond Hedrick	3655 Nobel Drive, Suite 650	San Diego, CA	92122

## 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 L	imited Liability Compan	ıy is:	
	The Midt	town Niki Group, LLC	
If name unavailable, t	the alternate name to be t	used in the state of Florida is:	
2. The name and the	Florida street address of	the registered agent and office are:	
Сог	poration Service Com	npany	
		(Name)	•
120	l Hays Street		
<del></del>	Florida Street Addres	ss (P.O. Box NOT ACCEPTABLE)	•
Tall	ahassee	FL 32301	
		City/State/Zip	•
liability company at the agent and agree to act relating to the proper	ne place designated in this in this capacity. I furthe and complete performanc tion as registered agent a	accept service of process for the above st s certificate, I hereby accept the appointm or agree to comply with the provisions of a ce of my duties, and I am familiar with an as provided for in Chapter 608, Florida St Joyce L. Markley as its agent	nent as registered all statutes nd accept the

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

(Signature)

\$ 5.00 Certificate of Status (optional)

### State of California

Secretary of State

## CERTIFICATE OF GOOD STANDING CALIFORNIA LIMITED LIABILITY COMPANY

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **25th day of May, 1999, THE MIDTOWN NIKI GROUP, LLC,** became recognized under the laws of the State of California by filing its Articles of Organization in this office; and

That according to the records of this office, the said limited liability company is authorized to exercise all its powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition of this limited liability company.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 19, 2008.



Jehn Bowen

DEBRA BOWEN
Secretary of State