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EXAMINER



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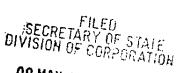
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08 MAY 13 AM 11: 2

SECRETARY OF STATE OIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Berlaimont Estates, LLC	
(Name of Lim	ited Liability Company)
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited
Please return all correspondence concerning this m	atter to the following:
Kursten Canada, Esq.	
(Na	me of Person)
Garfield & Hecht, P.C.	
	m/Company)
•	1 */
P.O. Box 5450	
	(Address)
Avon, CO 81620	
(City/Sta	ite and Zip Code)
For further information concerning this matter, plea	ase call:
Kursten Canada	at (970) 949-1566
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Bigsim \\$125.00 \text{ Filing Fee} \Bigsim \\$130.00 \text{ Filing Fee & Certificate of }\$	\$155.00 Filing Fee & \$\Bigsim \$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy



08 MAY 13 AM 11: 26

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:	
Berlaimont Estates, LLC, a Colorado limited liability company	
(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 wr consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")	itten
Colorado	
2. (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)	
4. December 26, 2007 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	
6. N/A	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. c/o Cimex Invest Inc., 600 5th Avenue South, Suite 203	
Naples, FL 34102	
(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:	
c/o Cimex Invest Inc., 600 5th Avenue South, Suite 203	
Naples, FL 34102	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record 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.)	±sin
11. Nature of business or purposes to be conducted or promoted in Florida: Manage, operate,	
improve, acquire, own, sell, or lease real property and assets in the State of Florida, and any other activities permissible by law.	
hms	
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 ponalties of perjury that the facts stated herein are true.)	
Jana Sobotova, Member/Manager	

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:

Berlaimont Estates, 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:	
c/o Cimex Invest Inc.	
(Name)	
600 5th Avenue South, Suite 203	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Naples, FL 34102 _{FL}	
City/State/Zip	
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment a agent and agree to act in this capacity. I further agree to comply with the provisions of all star relating to the proper and complete performance of my duties, and I am familiar with and accordingations of my position as registered agent as provided for in Chapter 608, Florida Statute (LIMEX INVEST, INC.)	is registere atutes cept the

\$ 100.00 Filing Fee for Application

\$ 25.00 \$ 30.00

\$ 5.00

Designation of Registered Agent

Certified Copy (optional)
Certificate of Status (optional)

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Mike Coffman, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Berlaimont Estates, LLC, a Colorado limited liability company

is a Limited Liability Company

formed or registered on 12/26/2007 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20071593553.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 04/23/2008 that have been posted, and by documents delivered to this office electronically through 04/29/2008 @ 10:10:00.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 04/29/2008 @ 10:10:00 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 7072773.



Mik Coffin

Secretary of State of the State of Colorado

**********End of Certificate***************************

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective, However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.uv/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."