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| (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: | | | | | |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|------------|----------|--|--|
| SUBJECT: SF Boynton, LLC | | | | |
| (Name of Limited Liability Company) | | | | |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Bu Florida," Certificate of Existence, and check are submitted to register the above referenced foreign liability company to transact business in Florida | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Todd Reynolds | | | | |
| (Name of Person) | | | | |
| | | | | |
| Cypress Administrative Services, LLC | | | | |
| (Firm/Company) | | | | |
| 44 South Broadway, Suite 614 | | | | |
| (Address) | - NNF 80 | <u></u> | | |
| CONT. | 9 | h.saries | | |
| White Plains, NY 10601 | PX | Ш | | |
| | <u>ငှာ</u> | D | | |
| For further information concerning this matter, please call: | 56 | | | |
| For further information concerning this matter, please can. | | | | |
| Todd Reynoldsat (914) 390-4301 | | | | |
| (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: []\$125.00 Filing Fee | | | | |

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 | (Nama of I | SF Boynton, LI Foreign Limited Liability | | | | | |
|---------|---|--|-------------------------|-----------------|------------------------|--|--|
| _ | | | | | | | |
| 2. (| DELAWARE Jurisdiction under the law of which foreign company is organized) | limited liability | (FEI number, if | applicable) | | | |
| 4. | 05/06/2008 (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual") | | | | | | |
| 6. | (Date first transact (See sections 608.50 | ted business in Florida, if 01 & 608.502 F.S. to dete | prior to registration.) | | | | |
| 7. | Gulf Coast Facilities, LLC | | | | | | |
| | 44 South Broadway, Suite 614 | White Plains (Street Address of Prince) | | 10601 | | | |
| | If limited liability company is a man | | • | ECRE ! | NNF 80 | | |
| 9. | The name and usual business addres | ses of the managing | members or managers | are as follows: | 6 | | |
| | Gulf Coast Facilities, LLC | | | | <u> </u> | | |
| | 44 South Broadway, Suite 614 | White Plains, NY | 10601 | ₽ A | <u>လ</u> က <i>က</i> | | |
| | | | | OE A | <u> </u> | | |

- 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:

The nature of business to be conducted is any lawful purpose under Florida Statutes.

Signature of a member of 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 penalties of perjury that the facts stated herein are true.)

Ari Markenson, Authorized Representative

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: | | |
|---|----------|---|
| SF Boynton, LLC | | |
| 2. The name and the Florida street address of the registered agent and office are: | | |
| National Corporate Research, Ltd., Inc. | | |
| (Name) | | |
| 515 East Park Avenue | - NUL 80 | |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | ≥ | |
| Tallahassee FL 32301 | -9 PM | |
| 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 registere 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. | ა: 56 | 0 |
| Pyru Melvin, Asst Sec. (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 "SF BOYNTON, 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 SECOND DAY OF JUNE, A.D. 2008.

4544051 8300

080644488

Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 6627426

DATE: 06-02-08

You may verify this certificate online at corp.delaware.gov/authver.shtml