Division of Corporations Public Access System

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.

(((H08000251905 3)))



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

Division of Corporations Fax Number

Account Name

: (850)617-6383

: C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092

Fax Number : (850)878-5926 L. SELLERS

NOV 1 0 2008

EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CHR Boca Raton LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

	TED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	STATE OF FLORIDA:			
ı. <u>c</u>	HR Book Ration LLC		_		
	(Name of Foreign Limited Liability Company; must include	Je "Limited Liability Company," "L.L.C.," or "L.L.C.")			
cns	me unavailable, onter alternate name adopted for the purposent of the managers or managing members adopting the alternoon," "LLC." "LLC."	o of transacting business in Florida and attach a copy of the nate name. The alternate name must include "Limited Liabs	written lity		
D	laware 3.	applied for			
\mathcal{J}_{i}	risdiction under the law of which foreign limited liability npany is organized)	(FEI number, if applicable)	•		
N	ovember 5, 2008 5.	perpetual			
_	(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")			
. <u> </u>					
	(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. (ida, if prior to registration.) to determine penulty liability)			
	145 Willard Avenue, 12th Floor, Chevy Chase, MD 20815		-		
			-		
	(Street Address o	(Principal Office)			
. 11	limited liability company is a manager-managed of	company, check here 🔯			
. Т	he name and usual business addresses of the mana	ging members or managers are as follows:			
WKTM-Florida, LLC, 4445 Willard Avenue, 12th Floor, Chevy Chuse, MD 20815					
-			•		
_			ı		
-					
). A	trached is an original certificate of existence, no more than 90 da	rys old, duly authonicated by the official having custody of rec	ords in		
	isdiction under the law of which it is organized. (A photocopy tion of the certificate under eath of the translator must be submi				
		•			
ι. :	Nature of business or purposes to be conducted or p	promoted in Florida:	1		
_			A		
	Liver les.	-()	08 		
	(In ancordance with section 608,404(3), 11.5	norized representative of a member.	NOV -		
	an affirmation under the ponalties of perjur Carolyn Silva-Quagliato	Ĭ.	· •		
	Typed or printed a	name of signee	'i∈ ≥		
,,,	57 - Biranzinos C. J. Synkin Linkon		် ကြွ		

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 Compar	ny is: CHR Boca Ra	ten 1LC	
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 agen	t and office are:	
cro	orporation System		
	(Name)		
1200 So	uth Pine Island Road		
Piorida Street Address (P.O. Box NOT ACCEPTABLE)			
Plantation	FL	33324	
	City/State/Zlp		

Flaving 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.

C T Corporation System

Marc St. Pierre
Vice President and Assistant Secretary

\$ 100.00 Filing Fee (or Application \$ 25.00 Designation of Registered Agent

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

FL067 - 00/28/2007 C T System Calling

SEUSE DANS STATE SEUSE DE SEUS DE SEUSE DE SEUS DE

Delaware

DACE

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHR BOCA RATON 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 SIXTH DAY OF NOVEMBER, A.D. 2008.

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

4619709 8300

081094690

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

Warriet Smile Handen

Harriet Smith Windsor, Secretary of AUTRENTICATION: 6952006

DATE: 11-06-08