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EXAMINER

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ACCOUNT NO. : 072100000032 OSMAN S. 15 REFERENCE: 943315 5024449 AUTHORIZATION : C COST LIMIT : ORDER DATE: March 31, 2009 ORDER TIME : 2:22 PM ORDER NO. : 943315-005 CUSTOMER NO: 5024449 FOREIGN FILINGS NAME: 734 NW 6TH AVENUE LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XXX PLAIN STAMPED COPY CONTACT PERSON: Matthew Young -- EXT# 2962

EXAMINER:

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. 734 NW 6th Avenue LLC (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 written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LI.C.")
2. DE 3. not yet received
(Jurisdiction under the law of which foreign limited liability company is organized) [Jurisdiction under the law of which foreign limited liability company is organized) [FEI number, if applicable)
4, 3/31/09 _{5,} perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
5, upon filing this form
(Date first transacted business in Florida, if prior to registration.) (See sections 608 501 & 608 502 F.S. to determine penalty liability)
(Street Address of Principal Office) (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here
(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:
sole member: PAMI LLC,1271 6th Ave, New York, NY 10020
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 coth of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
to take title to 734 NW 7th Avenue LLC in Miami, Florida
Ca D_
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 penalties of perjury that the facts stated herein are true) Aaron Guth, Assistant Secretary of sole member

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 Comp	pany is:			
734 NW 6th Avenue LLC If name unavailable, the alternate name to be used in the state of Florida is:					
	Corporation Service Co	ompany			
		(Name)			
	1201 Hays Street				
		dress (P.O. Box NOT ACCEPTABLE)			
	Tallahassee	FL 32301			
		City/State/Zip			
liability compagent and ag relating to the obligations of	pany at the place designated in t tree to act in this capacity. I fur- be proper and complete perform of my position as registered agen	to accept service of process for the ab his certificate, I hereby accept the ap ther agree to comply with the provision ance of my duties, and I am familiar w at as provided for in Chapter 608, Flo	pointment as registered ons of all statutes with and accept the		
Corporation BY:	on Service Company (Signature)	Matthew Young as its agent			
	\$ 100.00		•		
	\$ 25.00 \$ 30.00	Designation of Registered Agen Certified Copy (optional)	t .		

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 3

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "734 NW 6TH AVENUE 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 THIRTY-FIRST DAY OF MARCH, A.D. 2009.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "734 NW 6TH AVENUE LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2009.

4671227 8300

090319848

AUTHENT CATION: 7219663

DATE: 03-31-09

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