

#### **Electronic Filing Cover Sheet**

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(((H09000079079 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : STUMP, DIETRICH, SPEARS & NORMAN, P.A.

Account Number: I20000000161

Phone : (407)425-2571

Fax Number 1 (407)425-0827

#### FLORIDA/FOREIGN LIMITED LIABILITY CO.

Phoenix Retail Partners 2, LLC

Certificate of Status	
Certified Copy	0
Page Count	03
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W09-15723

Electronic Filing Menu

Corporate Filing Menu

April 6, 2009

FLORIDA DEPARTMENT OF STATE

STUMP, DIETRICE, SPEARS & NORMAN, P.A.

SUBJECT: PHOENIX RETAIL PARTNERS 2, LLC

REF: W09000015723



P.01

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II FAX Aud. #: H09000079079 Letter Number: 609A00011396

## 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:

<sub>L</sub> Phoenix Retail Partners 2, L	
(Name of Foreign Limited Liability Company; mu	ist include "Limited Liability Company," "L.L.C.," or "LLC.")
If name unavailable, enter alternate name adopted for the consent of the managers or managing members adopting Company," "L.L.C.," "LLC.")	e purpose of transacting business in Florida and attach a copy of the written the alternate name. The alternate name must include "Limited Liability
<sub>2.</sub> Delaware	<sub>3</sub> 26-4278259
(Jurisdiction under the law of which foreign limited lia company is organized)	bility (FEI number, if applicable)
4. February 17, 2009	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
5	TO THE PROPERTY OF THE PROPERT
(Date first transacted busine (See sections 608.501 & 608.5	ss in Florida, if prior to registration.) 502 F.S. to determine penalty liability)
7. <mark>37 North Orange Avenue, S</mark>	uite 204
Orlando, Florida 32801	FLOGE.
	ddress of Principal Office)
3. If limited liability company is a manager-ma	naged company, check here
9. The name and usual business addresses of th	e managing members or managers are as follows:
Jeffrey Pocklington - Manag	ing Member
37 North Orange Ave., Suite	204. Orlando, FL 32801
10. Attached is an original certificate of existence, no more that	han 90 days old, duly authenticated by the official baving custody of records in
he jurisdiction under the law of which it is organized. (A phranslation of the certificate under oath of the translator must	notocopy is not acceptable. If the certificate is in a foreign language, a
the control of the continuent in the Control of the	oc soon and t
1. Nature of business or purposes to be conducted.	cted or promoted in Florida:
For any lawful purpose	
	3
Signature of a member or	an authorized representative of a member.
(In accordance with section 608:44	08(3). P.S., the execution of this document constitutes of perjury that the facts stated herein are true.)
	Dietrich II
Typed or p	orinted 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:	
Phoenix Retail Partners 2, 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:	O BR
D. Paul Dietrich II	HASS.
(Name)	一角 王 己
37 North Orange Avenue, Suite 200 Florida Street Address (P.O. Box NOT ACCEPTABLE)	8: 17 FLORIDE FLORIDE
Orlando 32801 FL City/State/Zip	· E*

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 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.

(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

DACER 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "PROENIX RETAIL PARTNERS
2, LLC", FILED IN THIS OFFICE ON THE SEVENTEENTH DAY OF
FEBRUARY, A.D. 2009, AT 1:55 O'CLOCK P.M.

09 APR -6 AM 8: 17
SECRETARY OF STATE

4656223 8100

090148378

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

AUTHENTY CATION: 7138921

DATE: 02-17-09