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(Requestor's Name)
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SHARETARY OF STATE
TALLAHASSEE, ELSBIG

M. THOMAS

APR 1 5 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Las Palmas Ranch, LLC	nited Liability Company)
(Name of Lin	anted Liability Company)
	ability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited
Please return all correspondence concerning this r	natter to the following:
· (N	ame of Person)
·	,
Bulltick Capital Markets	
	irm/Company)
701 Brickell Ave suite 255	0 7A 114
	(Address) APR 14
Miami, FI 33131	nie 🗪 Ti
(City/S	tate and Zip Code)
For further information concerning this matter, ple	ease call:
Melissa Xavier	at (_305) 533-1541
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:	

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:

Las Palmas Ranch, LLC	
(Name of Foreign Limited Liability Company; must include	de "Limited Liability Company," "L.L.C.," or "LEC.)
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company, ""L.L.C.," "L.L.C.,"	e of transacting business in Florida and attach a copy of the written nate name. The alternate name must include "Limited Liability
2. Delaware	26-2609917
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. 05/13/2008 5.	perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6	
(Date first transacted business in Floi (See sections 608,501 & 608,502 F.S.)	rida, if prior to registration.) to determine penalty liability)
7. 701 Brickel Ave suite 2550	
Miami, Florida 33131	of Principal Office)
(Street Address o	f Principal Office)
8. If limited liability company is a manager-managed of	
9. The name and usual business addresses of the mana	ging members or managers are as follows: \$\frac{1}{25}\$.
Javier Guerra, 701 Brickel Ave suite 2	2550, Miami FL 33131
Eduardo Barco, 701 Brickel Ave suite	2550, Miami FL 33131
10. Attached is an original certificate of existence, no more than 90 dathe jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subm	
11. Nature of business or purposes to be conducted or	promoted in Florida: Engaging in any lawful
act or activity for which limited liability cor	ppanies may be formed under the Act
	horized representative of a member. S., the execution of this document constitutes by that the facts stated herein are true)

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:	
Las Palmas Ranch, LLC	
If name unavailable, the alternate name to be used in the state of Florid	a is:
2. The name and the Florida street address of the registered agent and	office are:
Javier Guerra	
(Name)	
701 Brickell Ave suite 2550	TARCOLLE TO THE
Florida Street Address (P.O. Box NOT ACCEPTABLE)	JE) FOR THE STATE OF THE STATE
Miami FL 33131 FL	100 F
City/State/Zip	THE RESERVE
Having been named as registered agent and to accept service of process f liability company at the place designated in this certificate, I hereby accept agent and agree to act in this capacity. I further agree to comply with the relating to the proper and complete performance of my duties, and I am for obligations of my position as registered agent as provided for in Chapter (Signature)	for the above stated limited of the appointment as registered provisions of all statutes uniliar with and accept the

Filing Fee for Application
Designation of Registered Agent

Certified Copy (optional)

Certificate of Status (optional)

\$ 100.00

\$ 25.00 \$ 30.00

5.00

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "LAS PALMAS RANCH, 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 EIGHTH DAY OF APRIL, A.D. 2009.

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

4547120 8300

090346360

Jeffrey W. Bullock, Secretary of State

AUTHENT CATION: 7236641

DATE: 04-08-09

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