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.

(((H090001469273)))



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

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Fax Number : (850)878-5368

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## PRISA Rocky Point FL LLC

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

D. BRUCE

JUN 2 2 2009

**EXAMINER** 

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION CORSOS, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	PRISA Rocky Point FL LLC	
•	(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")	<b>-</b> .
CO	f name unavailable, enter attempts name adopted for the purpose of transacting business in Florida and attach a copy of tonsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited List ompany," "L.L.C." "LL.C."	
2.	Dolaware 3.	
Ī	(Jurisdiction under the law of which foreign limited liability (FBI number, if applicable) company is organized)	<del></del> -
4.	June 16, 2009 5, Perpetual	
	(Dute of Organization) (Duration: Year limited hability company will cease t exist or "perpetual")	ō
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty hability)	<b>-</b>
7.	c/o The Prudential Insurance Company of America, 8 Cumpus Drive, 4th Floor, Parsippany, NJ 07054	_
		ج ح د<
	(Street Address of Principal Office)	SEC.
8.	If limited liability company is a manager-managed company, check here	AETA AETA
9.	The name and usual business addresses of the managing members or managers are as follows:	22 Y
		چے بہرات
	8 Campus Drive, 4th Floor	15.15 15.15
	Persippany, NJ 07054	 >(() <del></del>
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fireign language, a relation of the certificate under onth of the translator must be submitted.)  Nature of business or purposes to be conducted or promoted in Florida:  Owning Real Estate	records in
	Signature of a member or an authorized representative of a member.  (In accordance with section 608.408(3), P.S., the execution of this document constitutes an affirmation under the possities of penjury that the facts stated horsin program.)  Outhor Wood - An Marized Rep.  Typed or printed name of signer.	_

#### 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.

	PRISA Rocky Point FL LLC		· · · · · · · · · · · · · · · · · · ·	
If unavailable, the	alternate to be used in the state of Florida is:			
			<u> </u>	9
2. The name and t	he Florida street address of the registered ages	nt and office are:	LAHA	61 MNF 6(
-	C T Corporation System		ARY ISSE	
<del></del>	(Name)		⊙	景
	1200 South Pine Island Road		101. 11.	r:
<del></del>	Florida Street Address (P.O. Box NOT ACCEPTABLE)		F STATE FLORIDA	÷
	Plantation Plantation			
	City/State/Zip		•	
liability company at agent and agree to relating to the prope	as registered agent and to accept service of pr the place designated in this certificate, I hereb act in this capacity. I further agree to comply w ar and complete performance of my duties, and sition as registered agent as provided for in Cl	y accept the appointment with the provisions of all : I am familiar with and a	t as registered statutes ccept the	

\$ 100.00 Fling Fee for Application Designation of Registered Agent \$ 25.00 \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

# Delaware

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO REREBY CERTIFY "PRISA ROCKY POINT FL 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 SIXTEENTH DAY OF JUNE, A.D. 2009.

DATE: 06-16-09