

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.

(((H09000152033 3)))



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 Phone

Fax Number : (850)878-5368

ORIDA/FOREIGN LIMITED LIABILITY CO. Doral P1 Phase LLC

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

J. BRYAN

JUN 2 9 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 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LUBBLITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

J.	Doral P1 Phase LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.	," or "LLC."	<u>'</u>	
ÇQ	If name unavailable, anter alternate name adopted for the purpose of transacting business in Florida and a consent of the managers or managing members adopting the alternate name. The alternate name must inch company," "L.L.C," "LLC.")	ttach a copy ide "Limited	of the v	vritten ty
2,	2. Delaware 3, 27-0425625			
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applica company is organized)	ole)		
4.	1. June 23, 2009 5, Perpetual			
	(Date of Organization) (Duration: Year limited liability composits or "perpetual")	any will cea	se to	
6.	Cupon qualification			
	(Date first transpated business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)			
7.	245 Park Avenue, 2nd Floor	ESE SE	9	
	New York, NY 10167	AR AR		
	(Street Address of Principal Office)	SAR	2	diament Planter
ø	3. If limited liability company is a manager-managed company, check here	3H2	9	<b>200</b> 000
ο.	. It thinted habitity company is a manager-managed company, check here	)F S	Â	
9.	7. The name and usual business addresses of the managing members or managers are as	follows	<u>ප</u> ය	<u> </u>
	Koala Miami Realty Holding Co., Inc.	, D.M.	~	
	P.O. Box 5005		<del></del>	
	New York, NY 10163			
the	<ol> <li>Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official had purisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a formalistion of the certificate under cath of the translator must be submitted.)</li> </ol>			rds in
<b>l</b> ]	1. Nature of business or purposes to be conducted or promoted in Florida:		<del></del>	
	To hold title to real property for a tax exempt pension trust.		1	
	his. hih			
	Signature of a member or an authorized representative of a membe	- r.		
	(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.)		•	
	Koate Miumi Realty Holding Co., Inc. By: Joseph B. Dobronyl, Jr., Vice President			
	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.

	Doral PI Phase LLC		
lf unavailable, 1	he alternate to be used in the state of Florida is:		
2. The name an	d the Florida street address of the registered agent and office an	SECRETARY	
	C T Corporation System	AR SS	tion.
	(Name)	F 3	m
	1200 South Pine Island Road	107 118 109	
	Plorida Street Address (P.O. Box NOT ACCEPTABLE)	TATE ORIDA	
	Plantation FL 33324		
	City/State/Zip	,	
liubility compan agent and agree relating to the pi	med as registered agent and to accept service of process for the aby at the place designated in this certificate, I hereby accept the app to act in this capacity. I further agree to comply with the provision oper and complete performance of my duties, and I am familiar way position as registered agent as provided for in Chapter 608, Flow operations of the second service of the second	pointment as registered ins of all statutes with and accept the	ĭ

\$ 100.00 Filing Fee for Application

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

\$ 25.00

\$ 30.00

5.00

## Delaware

PAGE :

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DORAL P1 PHASE 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 TWENTY-FIFTH DAY OF JUNE, A.D. 2009.

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

O9 JUN 26 AM ID: 37
SECRETARY OF STATE
ALLAHASSEE, FLORID,

4701751 8300

090650209

DATE: 06-25-09

Jeffrey W. Bullock, Secretary of Sta AUTHENTY CATION: 7385032