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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368	
Doral E2 Phase LLC	DIVISION OF C
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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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1		Doral E2 Phase LL	C	
	Name of Foreign Limited Liability Company;	must include "Limi	ted Liability Company," "L.L.C.," or "LLC	(¹⁰)
consen	e unavailable, enter alternate name adopted for t of the managers or managing members adoptir my," "L.L.C," "LLC.")	the purpose of tran ig the alternate nan	sacting business in Florida and atlach a cop. e. The alternate name must include "Limite	y of the written d Liability
2.	Delaware	3	27-0427310	
(Juri com	Delaware sdiction under the law of which foreign limited pany is organized)	Îlăbillîy	27-0427310 (FEI number, if applicable)	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
ł	June 23, 2009 (Date of Organization)	5	Perpetual ation: Year limited liability company will co	
	(Date of Organization)	(Dur exist	ation; Year limited liability company will co or "perpetual")	iaso to
; <u>Up</u>	on qualification			
	(Date first transacted busin (See sections 608.501 & 601	iess in Florida, if pl 8.502 F.S. to detern	for to registration.) nine penalty liability)	
1. 245	Park Avenue, 2nd Floor			
No	w York, NY 10167	<i>,</i>		
	(Street	Address of Princip	al Office)	
3. If 1	imited liability company is a manager-m	nanaged company	y, check here	
). Th	e name and usual business addresses of t	the managing m	embers or managers are as follows:	
Ko	ala Miami Realty Holding Co., Inc.			
<u>P.(</u>), Box 5005			
No	w York, NY 10163	······		-
ne juris ranslatio	ched is an original certificate of existence, no more diction under the law of which it is organized. (A) on of the certificate under oath of the translator mu ature of business or purposes to be condi-	photocopy is not acc st be submitted.)	eptable. If the certificate is in a foreign langu	1955 , 8
	To hold title to real p	-		
<u></u>	······	14.17.1	and a second s	
			representative of a member.	
	(In accordance with section 608, an affirmation under the penalti	408(3), F.S., the exer es of perjury that the	ution of this document constitutes facts stated herein an true.)	OF CORPORATIONS
	By: Jos	uni Really Holding Co., eph B. Dalwonyi, Jr., Vi	ee President	AM 8
	i yped or	printed name of	ziRuee	8: 43
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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIONED 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:

Doral E2 Phase LLC	••••
If unavailable, the alternate to be used in the state of Florida is:	

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System
(Name)
1200 South Pine Island Road
Florida Streat Address (P.O. Box NOT ACCEPTABLE)
Plantation
FL 33324

City/State/Zip

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.

C T Coma By: (Signature)

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

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DORAL E2 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 HEEN ASSESSED TO DATE.

cretary of State

AUTHENTICATION: 7385012

DATE: 06-25-09

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