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.

(((H090001519363)))



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 Phone : (850)222-1092 Fax Number

: (850)878-5368

### FLORIDA/FOREIGN LIMITED LIABILITY CO.

#### Doral Al Phase LLC

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

D. BRUCE

JUN 29 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 601503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.I.	C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida an consent of the managers or managing members adopting the alternate name. The alternate name must in Company," "L.L.C," "LLC.")	d attach a copy of the writign clude "Limited Liability A
2, Delaware 3, 27-0424624	
2. Delaware 3. 27-0424624 (Julisdiction under the law of which foreign limited liability company is organized) (FEI number, if applications of the law of which foreign limited liability company is organized)	cable)
4. June 23, 2009 5. Perpenal	
(Date of Organization) (Duration: Year limited liability of exist or "perpetual")	mpany will cease to
6. Upon qualification	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	•
7. 245 Purk Avenue, 2nd Floor	- Σ <sub>υ</sub> , ο
Stan, Wards MV (A129	£0.9
New York, NY 10167 (Street Address of Principal Office)	<del></del>
	AR SSI
8. If limited limbility company is a manager-managed company, check here	Lil.
9. The name and usual business addresses of the managing members or managers are	
Koala Miami Realty Holding Co., Inc.	TAILE ORIDA
P.O. Box 5005	
New York, NY 10163	l
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in analytic of the certificate under oath of the translation must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida:	
To hold title to real property for a tax exempt pension trust.	<u></u> -
An B DAL	
Signature of a member or an authorized representative of a men	
(In accordance with section 608.408(3), F.S., the execution of this document constitue an affirmation under the penultius of perjury that the facts stated herein are true.)	C3
Koala Mianti Realty Holding Co., Inc.	
By: Joseph B. Dohrovyi, In. Vice President Typed or printed name of signee	

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

į.

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:	
	Doral A1 Phase LLC	
If unavailable,	the alternate to be used in the state of Florida is:	
2. The name a	and the Florida street address of the registered agent and office are:	Ť
	CT Corporation System (Name)	
	· ·	
	1200 South Pine Island Road	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Plantation FL 33324	;
	Čity/State/Zip	
liability compa agent and agre relating to the	amed as registered agent and to accept service of process for the above stated limited my at the place designated in this certificate, I hereby accept the appointment as registere to act in this capacity. I further agree to comply with the provisions of all statutes proper and complete performance of my duties, and I am familiar with and accept the my position as registered agent as provided for in Chapter 608, Florida Statutes,	d J

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DORAL A1 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.

09 JUN 26 AH 9: 00
SECRETARY OF STATE

4701704 8300

090650122

You may verify this certificate online it corp.delaware.gov/authver.shtml Jeffrey W. Bullock. Secretary of State

UTHENTACATION: 7384995

DATE: 06-25-09