Florida Department of State Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : C T CORPORATION SYSTEM

. Account Number : FCA000000023

Phone : (850)222-1092 Fax Number : (850)878-5368

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Doral C1 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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Doral C	ı Pi	naso LLC			
	(Name of Foreign Limited Liability Company; must in	clud	e "Limited Liability Company," "L.L.C.," or "LLC.")			
CO	name unavailable, enter alternate name adopted for the pur sent of the managers or managing members adopting the a impany," "L.L.C," "LLC.")	pose	of transacting business in Florida and attach a copy of the name. The alternate name must include "Limited Lia	ne written bility		
2.	Delawara	3.	27-0426551			
	Detayara (hirisdiction under the law of which foreign limited liability company is organized)	y	(FEI number, if applicable)			
4.	June 23, 2009	5.	Perpetual	_		
	(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")			
б.	Upon qualification					
•	(Date first transacted business in (See sections 608.501 & 608.502 P	Flor .S. t	ida, if prior to registration.) o determine penalty liability)	09		
7.	245 Park Avenue, 2nd Ploor		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	= 1		
	Manu Varla NV 10167		A PA	121		
	New York, NY 10167 (Street Addre	55 O	f Principal Office)			
	•		<u> </u>	26 至		
8.	If limited liability company is a manager-manage	ed o	company, check here	را ف		
9.	7. The name and usual business addresses of the managing members or managers are as follows:					
	Kosla Miami Realty Holding Co., Inc.					
	P.O. Box 5005		<u></u>	_		
	New York, NY 10163			_		
the:	Attached is an original certificate of existence, no more than 9 jurisdiction under the law of which it is organized. (A photoculation of the certificate under eath of the translator must be su	opy	is not acceptable. If the certificate is in a foreign language, a			
11	. Nature of business or purposes to be conducted	or I	promoted in Florida:	_ 		
	To hold title to real property	/ for	a tax exempt pension trust.	,		
	fydt.	12	14			
			orized representative of a member.			
	(In accordance with section 608,408(3) an uffirmation under the penalties of p		, the execution of this document constitutes v that the facts stated becala are true.)			
	Kosla Miami Kenli	y Mui	ding Co., tac.			
	Typed or print		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:	
Doral C) 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	O9 JUN 26 SECRETAR SECRETAR
C T Corporation System	A 2
(Naune)	~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
1200 South Pine Island Road	E. F.ST
Florida Street Address (P.O. Box NOT ACCEPTABLE)	36 ORIDA
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 um familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

C T Corporation system

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

By:

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DORAL C1 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 IO: 36
SECRETARY OF STATE

4701720 8300

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You may varify this cestificate online at coxp. delevere.gov/euthvor.shtml

Jelitey W. Bullock Secretary of State

DATE: 06-25-09