

#### 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.

(((H09000151940 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from the 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

### PRIDA/FOREIGN LIMITED LIABILITY CO.

#### Doral A3 Phase LLC

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

C. LEWIS

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 PUTTI SECTION 608,503, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Doral A3 Phase LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) Perpetual. June 23, 2009 (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") 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 Park Avenue, 2nd Ploor New York, NY 10167 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Koala Miami Realty Holding Co., Inc. 14.O. Box 5005 New York, NY 10163 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator 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. Signature of a tember or an authorized representative of a member. (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 heroin are true.) Kosla Mianti Reulty Holding Co., Inc. By: Joseph B. Dobranyi, It., Vice President Typed or printed name of signes PLOSY - 95/06/2009 © 1° System Online

# FILED

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE 2009 JUN 26 AM | | | | | |

SECRETARY OF STATE PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDATAILANHESSEE FLORIDA UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.
1. The name of the Limited Liability Company is:
Dural A3 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'f Corporation System
(Namo)
1200 South Pine Island Road
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Plantation Ft. 33324
City/State/Zip
Having been named as registered agent and to accept service of process for the above stated limited hability 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.  CT Compresson Society  By:
(Signature)
\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent \$ 30.00 Cartified Copy (optional)
\$ 5.00 Certificate of Status (optional)

# Delaware

PACE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "DORAL A3 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.

4701709 8300

090650129

I may verify this certificate online corp. delaware.gov/authver.shtml

Joffrey W. Bullock, Secretary of State

AUTHENTICATION: 7384998

DATE: 06-25-09