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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

JUN 1 4 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: REGIONAL PLAZA LLC
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate C Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
SARA L. UINAS Name of Person
Name of Person
SARA LAHR VINAS, PA Firm/Company
Firm/Company
2760 N. University Dr. Address
Davie, FL 33024 City/State and Zip Code
City/State and Zip Code
F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SARA L. VINAS at 954 499-8663 xt 236 Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Copy} \ \text{Certified Copy} \ \text{of Status & Certified Copy} \]

· · · APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	1
1. REGIONAL PLAZA 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.")	
2. MN (Jurisdiction under the law of which foreign limited liability company is organized) 3. 27-2244971 (FEI number, if applicable)	
4. 3/10/2010 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 2760 N. University Dr. Davie, FL 33024	
(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:	
HECTOR R. VINGS 2760 N. University Dr. Davig FL 33024	•
Hector R. VINCIS 2760 N. University Dr. Davig FL33024 Michael J. Cohen 1950 NW 22rd Str.; Ft. Laudurdle, FL3333	1
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:	S
business - Se Se	CRE
	A
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes	JAE
an affirmation under the penalties of perjury that the facts stated herein are true.)	ATS
Typed or printed name of signee	;H

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:
REGIONAL PLAZA 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:
SARA LAHR VINAS PA
(ivaine)
2760 N. University Dr.
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Davie, FL Rs 33024

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.

Swina (Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) SECRETARY OF STATE DIVISION OF GORPORATIONS

state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

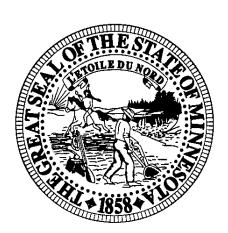
I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The limited liability company listed below is a limited liability company formed or registered to do business under the laws of Minnesota; the limited liability company was formed by the filing of articles of organization or registered to do business by filing an application for a certificate of authority with the Office of the Secretary of State on the date listed below; the limited liability company is governed by Chapter 322B of Minnesota Statutes; and this limited liability company is authorized to do business as a limited liability company at the time this certificate is issued.

Name: Regional Plaza LLC

Date Formed or Registered: March 10, 2010

State of Organization: Minnesota

This certificate has been issued on May 18, 2010.



Mark Ritchie Secretary of State.