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SECRETARY OF STATE OF I OPINA

D. BRUCE

OCT 7 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE			
	Nam	ne of Limited Liability Company	
		ility Company for Authorization to Transact Business in Florida love referenced foreign limited liability company to transact bus	
Please r	return all correspondence concerning this man	tter to the following:	
	Alan J. Marcus, Esq.		
		Name of Person	
	Alan J. Marcus, P.A.		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	20803 BISCAYNE BOUL	LEVARD, SUITE 301	
		Address	
	AVENTURA, FL 33180		
		City/State and Zip Code	
		No con	3
	ALAN@ALANJMARC	b be used for future annual report notification)	. 8
	E-man address. (to		
For furt	her information concerning this matter, pleas	e call:	6
		at (305) 937-1800 F.G	ندر م
	ALAN J. MARCUS, Esq.	at (305) 937-1800 = 377	の対し、一口の
	Name of Person	Area Code & Daytime Telephone Number	
	MAILING ADDRESS:	STREET ADDRESS:	්
	Division of Corporations	Division of Corporations	
	Registration Section	Registration Section	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
		i arianadoo, i la abbat	
Enclos	sed is a check for the following amount \$\\$125.00 \text{ Filing Fee} \text{\$\sum_{\text{S130.00 Filing Fee}} \\ \text{Certificate of State}\$	e & \$\Bigs\\$155,00 Filing Fee & \$\Bigs\\$160.00 Filing Fee, Certific	

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 RUSINESS IN THE STATE OF FLORIDA:

	Gallowood at Kendall, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
co	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")
·,	Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)
4.	September 28, 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.	Miami Beach, FL 33139 (Street Address of Principal Office)
	If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows:
	Rodie Ben-Simon-Manager Elad Kohen-Manager
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in ejurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a inslation of the certificate under oath of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida: Real Estate
	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 an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Typed or printed 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:
Gallowood at Kendall, 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:
ALAN J. MARCUS, P.A.
(Name)
20803 BISCAYNE BOULEVARD, SUITE 301
Florida Street Address (P.O. Box NOT ACCEPTABLE)
AVENTURA FL 33180
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.
(Signature)
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GALLOWOOD AT KENDALL, 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 FIFTH DAY OF OCTOBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GALLOWOOD AT KENDALL, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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AUTHENTY CATION: 8270566

DATE: 10-05-10

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