Division of Corporations **Electronic Filing Cover Sheet** 

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To;

Division of Corporations

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L. SELLERS

OCT 1.4 2010

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

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**EXAMINER** 

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			

### Foreign Limited Liability Company 4503 NW 103rd Ave., Coral Ridge Sunrise, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

#### COVER LETTER

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		Name of Limited Liability Company				
unclosed "A stence, and c	pplication by Foreign Limited hack are submitted to register t	Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida				
se retum all	correspondence converning thi	is matter to the following:				
		Name of Person				
		View/Company				
	Firm/Company  Address					
	City/State and Zip Code					
•	E-mail addres	ss: (to be used for future annual report notification)				
urther infor	mation concerning this matter,	pleuse call:				
	Name of Person	Area Code & Daytime Telephone Number				
MAILING ADDRESS: Division of Corporations		STREET ADDRESS: Division of Corporations				
Registration Section		Registration Section				
P.O. Box 6327		Clifton Building				
	isee. FL 32314	2661 Executive Center Circle				
		Tallahassee, FL 32301				
Tallahas	check for the following arr					

## 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 4503 NW 103rd AVE., CORAL RIDGE SUNRISE, LLC (Name of Foreign Limited Liability Company; must include "Linited 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 (Ff.I number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) July 16, 2008 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 825 Third Avenue, 37th Floor, New York, NY 10022 (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: 825 Third Ave., 37th Fl. New York, NY 10022 Madison Realty Capital, L.P. 825 Third Ave., 37th FL Madison Realty Capital II. LTD.New York, NY 10022 10. Attached is an original certificate of existence, no more than 90 days old, duly authoriticated by the official having custody of records in the juristiction 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: \_\_\_ Ownership of Real Estate Located at 4503 NW 103rd Ave. Florida 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 33 penalties of perjury that the facts stated havein are true. I am aware that any false information submitted in a security of the Department of State constitutes a third degree felony as provided for in s.8.17.155, F.S.) Brian Shatz, Maraging Manber Typed or printed name of signee

FEREN - JAIDS 2010 C E System Grame

## 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 Lin	nited Liability Com	pany is:				
	4503 NW 103rd A	VE., CORAL RIDGE SUNRISE, LLC				
If unavailable, the alternate to be used in the state of Florida is:						
2. The name and the Fl	orida street address	of the registered agent and office are:				
СТСоп	ooration System					
		(Name)				
1200 Sou	1200 South Pine Island Road					
	Florida Street Address (P.O. Box NOT ACCEPTABLE)					
Plantatio	חכ	FL 33324				
		City/State/Zip				
liability company at the pagent and agree to act in relating to the proper an obligations of my position	place designated in t this capacity. I furt d complete performo	to accept service of process for the above stated limited this certificate, I hereby accept the appointment as registered ther agree to comply with the provisions of all statutes ance of my duties, and I am familiar with and accept the stas provided for in Chapter 608, Florida Statutes.				
By:	Comin Buy	Connie Bryan				
	(Sign	Assistant Secretary				
	\$ 100,00 \$ 25,00	G -(1 ··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·				
	\$ 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 "4503 NW 103RD AVE., CORAL RIDGE SUNRISE, 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 THIRTEENTH DAY OF OCTOBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4575583 8300

100992050

Jeffrey W. Bullack, Secretary of State

AUTHENTICATION: B286472

DATE: 10-13-10

You may verify this cortificate unline at corp. delaware.gov/authver.shtml