## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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: BILZIN SUMBERG BAENA PRICE & AXELROD LLP Account Name

Account Number : 075350000132 : (305)374-7580 Phone Fax Number : (305)351-2122

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

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### Foreign Limited Liability Company PALMER DESIGN (DEL.) LLC

Certificate of Status	1
Certified Copy	i
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Estimated Charge	\$160.00

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Corporate Filing Menu

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EXAMINER

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

IN CYMADI IANC'E WITH SECUTION KIES SE ELOBIOA STATE STATE STATE SE SE SECUTION AS FRESHER A FORFICN

IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN		·	
Palmer Design (Del.) LLC (Name of Foreign Limited Liability Company; must	includ	e "Limited Liability Company," "L.L.C.," or "LLC.")	-
If name unavailable, enter alternate name adopted for the ponsent of the managers or managing members adopting the company," "L.L.C," "LLC.")	urpos alten	e of transacting business in Florida and attach a copy of the nate name. The alternate name must include "Limited Liabi	written illty
Delaware	_ 3.		_
(Jurisdiction under the law of which foreign limited liabil company is organized)	ity	(FEI number, if applicable)	
10/13/10	5.	perpetual	
(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	_
(Date first trensacted business (See sections 608.501 & 608.502	n Flor	rida, if prior to registration.)	
(See sections 608.501 & 608.502	F.S.	to determine penalty liability)	
3841 N.E. 2nd Avenus, Suite 400, Miami, Florida 3313	7		_
(Street Add	ress o	f Principal Office)	-
. If limited liability company is a manager-mana	ged (	company, check here 🗵	
. The name and usual business addresses of the	nana	ging members or managers are as follows:	
Miami Design District Associates Manager, LLC, a Del	aware	limited liability company	<del></del>
3841 N.E. 2nd Avenue, Suite 400, Miami, Florida 3313	17		_
			_
1.0. Attached is an original certificate of existence, no more than the jurisdiction under the law of which it is organized. (A photo ranslation of the certificate under cath of the translator must be	ocopy	is not acceptable. If the certificate is in a foreign language, a	cords in
1. Nature of business or purposes to be conducted	d or	promoted in Florida:	- <b>5</b>
To engage in any lawful act or activity.			NON
Kind		<u> </u>	V -
		horized representative of a member.	
		tion of this document constitutes an affirmation under the I am aware that any false information submitted in a	# # # # # # # # # # # # # # # # # # #
		a third degree felony as provided for in s.817.155, F.S.)	÷4.
Linda Ebin, Authorized Represen	tativo		<b>O</b> 1.
Typed or pri	nted	name of signee	

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# 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.

If unavailable, t	If unavailable, the alternate to be used in the state of Florida is:				
2. The name ar	nd the Florida street address of the registered agent and office are:				
	Croig Poking				
	Craig Robins (Name)				
	(Name)				
	(Name) 3841 N.E. 2nd Avenue, Suite 400				

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.

By:

Craig Robins (Signature)
\$ 100.00 Filing Fee for application

\$ 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 CORPORATIONS

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# Delaware

DAGE 1

## The First State

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

DELAWARE, DO HEREBY CERTIFY "PALMER DESIGN (DEL.) 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 NOT BEEN ASSESSED TO DATE.

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4884426 8300

100993582

You may verify this certificate online

Jeffrey W. Bullock, Secretary of State

UTHENTY CATTON 8287770

DATE: 10-13-10