	Florida Department of State Division of Corporations Electronic Filing Cover Sheet	
Note: Plea	use 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.	
	(((H10000238019 3)))	
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rc. Fr	Doing so will generate another cover sheet. Division of Corporations Fax Number : (850)617-6383 rom: Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LL Account Number : 075350000132 Phone : (305)374-7580 Fax Number : (305)351-2122	AM 8: 20
annua	e email address for this business entity to be used for future l report mailings. Enter only one email address please.**	
e we	Foreign Limited Liability Company MIAMI AVENUE (DEL.) LLC	
IU NUV - I PH 4: 1 SECRETARY OF STAT TALLAHASSEE, FLORI	Certificate of Status1Certified Copy1Page Count04Estimated Charge\$160.00	

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	APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION T TRANSACT BUSINESS IN FLORIDA	ro
	COMPLIANCE WITH SECTION (08,503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECEISTER A FO MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	REIGN
1.	Miami Avenue (Det.) LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
car	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the viscont of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liablit mpany," "L.L.C," "LLC.")	written ty
	Delaware 3.	
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.	10/13/10 5. perpetual	
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	TO NOV
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	- AC
7	3841 N.B. 2nd Avenue, Suite 400, Miami, Florida 33137	-20
1.		ÂH S
	(Street Address of Principal Office)	8: 2
8.	If limited liability company is a manager-managed company, check here	0
9.	The name and usual business addresses of the managing members or managers are as follows:	
	Miami Design District Associates Manager, LLC, a Delaware limited liability company	
	3841 N.E. 2nd Avenue, Suite 400, Miami, Florida 33137	
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reor jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relation of the certificate under oath of the translator must be submitted.)	ards in
11	. Nature of business or purposes to be conducted or promoted in Florida:	
	To engage in any lawful act or activity.	
	dinks .	
	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.) Linda Ebin, Authorized Representative	
	Typed or printed name of signee	
	->1	

1 H10000238019 3 **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: Miami Avenue (Del.) 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: **Craig Robins** (Name) 3841 N.E. 2nd Avenue, Suite 400 Florida Street Address (P.O. Box NOT ACCEPTABLE) FL 33137 Miami City/State/Zip

ID:BILZIN,SUMBERG

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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 capabity. 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:				6
	Craig	Robin	(Sign s	(urc)
	-		109:00	Filing Fee for Application
		-	25.00	Assignation of Registered Agent
		\$	30.00	Certified Copy (optional)
		S	5.00	Certificate of Status (optional)

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MIAMI AVENUE (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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AUTHENTICATION: 8287795 DATE: 10-13-10

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