Page 1 of 1



Electronic Filing Cover Sheet

Note: Please 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.

(((H10000238016 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: BILZIN SUMBERG BAENA PRICE & AXELROI

Account Number : 075350000132 Phone

: (305)374-7580

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.\*\*

#### Foreign Limited Liability Company DESIGN DISTRICT ASSOCIATES (DEL.) LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

FAX:3053747593

FILED

H10000238016 3

2018 NOV -4 AM 18: 46

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FUREKIN

1.	Design District Associates (Del.) LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "[L.C.," or "].LC.")				
CO	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written usent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")				
2,	Delawaro 3.				
Ī	(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")				
6.					
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)				
7.	3841 N.E. 2nd Avenue, Suite 400, Miami, Florida 33/37				
	(Street Address of Principa) 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:					
	Miami Design District Associates Manager, LLC, a Delaware limited liability company				
	384) N.E. 2nd Avenue, Suite 400, Miami, Florida 33137				
the trea	. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having cusually of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, and a state of the certificate under eath of the translator must be submitted.)				
11	. Nature of business or purposes to be conducted or promoted in Florida:				
	To engage in any lawful act or activity.				
	Sind ?				
	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 follony as provided for in s.817.155, F.S.)				
	Linda Ebin, Authorized Representative				
	Typed or printed name of signee				

FAX:3053747593

PAGE 3/

H10000238016 3

2010 NOV -4 AM . 8: 46

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

SKOKETARY DE STATE TALLAHASSEET FLORIDA

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, ti	ne alternate to be used in the state of Florida is:	
. The name and	d the Florida street address of the registered agent and	d office are:
	Craig Robins	
'		
'	(Name)	
	(Name)	(BLE)
	(Name) 3841 N.E. 2nd Avenue, Suite 400	vare)

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. Until 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 by provided for in Chapter 608, Florida Statutes.

Ву:			
Craig	(\$igr Robins	nature)	
	\$ 100.00	Filing Fee for Application	
	\$ 25,00		
	\$ 30.00		
	\$ 5.00	Certificate of Status (optional)	

H10000238016 3

# Delaware

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DESIGN DISTRICT ASSOCIATES (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 BEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

H10000238016 3

You may varify this cortificate at corp. delevers, gov/authwer, shi

DATE: 10-13-10