Division of Corporations 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.

(((H10000238024 3)))



H100002380243A9CU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

L. SELLERS

To:

Division of Corporations

Fax Number : (850)617-6383

NOV - 2 2010

From:

Account Name : BILZIN SUMBERG BAENA PRICE

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.\*\*

Email Address:

RECEIVED

ONOV - 1 PH 4: 13
SECRETARY OF STATE

## Foreign Limited Liability Company MONTE CARLO ASSOCIATES (DEL.) LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help Help

10V -1 AH 9: 46



H10000238024 3

## 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

LΩ	ATTED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	<b></b>
1.	Monte Carlo Associates (Del.) LLC	
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
or	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the usent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liab mpany," "L.L.C," "(LLC,")	
2.	Delaware 3.	
(	Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	<b>-</b> .
ł.	10/13/10 5. perpetual	
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	, -
5.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	·
	(See sections 608.501 & 608.502 P.S. to determine penalty liability)	
7.	3841 N.E. 2nd Avenue, Suite 400, Miami, Florida 33137	_
	(Street Address of Principal Office)	_
	• • • • • • • • • • • • • • • • • • •	
5.	If limited liability company is a manager-managed company, check here	
١.	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	_
		-
he ar	Attached is an original certificate of existence, no more than 90 days old, duty authenticated by the official having custody of re jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a station of the certificate under eath of the translator must be submitted.)  Nature of business or purposes to be conducted or promoted in Florida:	condsin
	To engage in any lawful act or activity.	•
•		···•*
	- Sinker Fig.	<del></del>
	Signature of a member or an authorized representative of a member.	o æ "
	(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 -	S.
	document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.)	<u> </u>
	Linda Ebin, Authorized Representative	= [
	يت پيم	က် /

H10000238024 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.

Monte Carlo Associates (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 o	ffice are:		
Cı	aig Robins			
_	(Name)			
	41 N.E. 2nd Avenue, Suite 400			
38		ΕÌ		
38	Florida Street Address (P.O. Box NOT ACCEPTABLE	~,		
_	Florida Street Address (P.O. Box NOT ACCEPTABLE fiam) 91_33137	~,		

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 dutief, 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 feator Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

H10000238024 3



## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MONTE CARLO 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 POURTEENTH DAY OF OCTOBER, A.D. 2010.

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

H10000238024 3

DATE: 10-14-10