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TALLAHASSEE, FLORIDA

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DATE:

11-05-2010

NAME:

Black Street (2010) LCC

TYPE OF FILING: Application by Foreign LLC to transact business

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COVER LETTER

TO:	Registration Section Division of Corporations	eet (2010) LLC
SUBJEC	Black Stre	eet (2010) LLC
SOBJEC		ame of Limited Liability Company
		ability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida
Please re	eturn all correspondence concerning this r	natter to the following:
	Lynn Woerner 302-482-4271	
		Name of Person
	Delaware Corporate Services Inc	
		Firm/Company
	1220 N Market St., Suite 850	
		Address
	Wilmington, DE 19801	
		City/State and Zip Code
	delawarelist@lawdeb.com	
	E-mail address:	(to be used for future annual report notification)
For furth	er information concerning this matter, ple	ease call:
	Lynn Woerner	at (302) 482-4271
	Name of Person	Area Code & Daytime Telephone Number
	MAILING ADDRESS:	STREET ADDRESS:
	Division of Corporations	Division of Corporations
	Registration Section	Registration Section
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
	ed is a check for the following amo \$125.00 Filing Fee \$\int_{\text{Certificate of St}}^{\text{\$130.00 Filing I}}\$	Fee & \$\sums\$\$\$\$\$\$\sums\$

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	<i>4.</i>
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA	O SORRELLA
IN COMPLIANCE WITH SECTION 608-503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORE LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	NEW S CONSO
1. Black Street (2010) LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	3 TO
() Land ()	or Ork
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writ consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C." "LLC.")	ton O
2. Delaware (Jurisdiction under the law of which foreign limited liability company, is organized) 3. (FEI number, if applicable)	
4. October 27, 2010 (Date of Organization) 5. Perpetual (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. 2644 Kirkwood Highway Suite 300 Dept 785	
Newarx, DE 19711	
(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:	
Peter Gaslow Manager	
105 MADISON AUE 15+6 FL	
105 MADISON AUE 15+6 FL NEW YORK, NY 10016	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fireign language, a translation of the certificate under oath of the translator must be submitted.)	in
11. Nature of business or purposes to be conducted or promoted in Florida:	
The results of purposes to be extended of promoted in Frontia.	
Signature of a member or an authorized representative of a member.	
(In accordance with section 608.408(3), P.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.)	
<u>Veter Guslow</u>	
Typed or printed name of signee	

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 Liab	ility Company is:		
Black Street (2	1010) 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:				
	4,000	(Name)		
	1200 South Pine Isla			
	Florid	a Street Address (P.O. Box NOT ACCEPTABLE)		
	Plantation	FL 33324		
	 	City/State/Zip		
liability compagent and agr relating to the	any at the place designee to act in this capa peroper and completed my position as regist	rigent and to accept service of process for the above stated limited gnated in this certificate, I hereby accept the appointment as registere city. I further agree to comply with the provisions of all statutes to performance of my duties, and I am familiar with and accept the tered agent as provided for in Chapter 608, Florida Statutes. A. (J.) (Signature)		

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

Certificate of Status (optional)

\$ 100.00

\$ 30.00

25.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BLACK STREET (2010) 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 FIFTH DAY OF NOVEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLACK STREET (2010) LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF OCTOBER,

A.D. 2010.

4890078 8300

101061433

You may verify this certificate online at corp.delaware.gov/authver.shtml

AUTHENT CATION: 8334012

DATE: 11-05-10