MINOUUUI630

(Requestor's Name)					
(Ad	dress)				
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Business Linuty Harrie)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



800193467278

B. KOHR

EXAMINER

MAR 8 1 2011

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

03-31-2011

NAME:

PINEGATE 135 LLC

TYPE OF FILING: APPLICATION BY FOREIGN LLC TO TRANSACT **BUSINESS IN FLORIDA**

COST:

5155 \$160

CERTIFIED COPY/Certif. of Good Standing **RETURN:**

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	PINEGATE 135 LLC
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
cons	ame unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written sent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability apany," "L.L.C." "LLC.")
2.	Delaware 3
(J ∞	Delaware 3. (FEI number, if applicable) mpany is organized)
4	March 11, 2011 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to
_	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. L	upon qualification
_	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. <u>4</u>	150 Park Avenue, New York, NY 10022
_	
	(Street Address of Principal Office)
8 . If	f limited liability company is a manager-managed company, check here
9. 1	he name and usual business addresses of the managing members or managers are as follows:
3	Square Mile/RAM Acquisition, LLC, 450 Park Avenue, New York, NY 10022
•	
heju	attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in risdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
ransk	ation of the certificate under oath of the translator must be submitted.)
1. 1	Nature of business or purposes to be conducted or promoted in Florida:
_	Real Estate Investment
	austelli
	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.)
	Andrew J. Keliner
	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 Liability Comp	pany is:		
	PINE	GATE 135 LLC	<u>}</u>	
If unavailable	e, the alternate to be used in th	e state of Florida i	5 :	
2. The name	and the Florida street address	of the registered a	gent and office are:	
	NRAI Services, Inc.			
		(Name)		 -
	515 East Park Avenue			
	Florida Street Add	dress (P.O. Box NOT	ACCEPTABLE)	
	Tallahassee	<u> </u>	32301	
Transac Laure		City/State/Zip	invocant for the abo	we stated limited
liability compagent and agr relating to the	named as registered agent and nany at the place designated in the ree to act in this capacity. I furter proper and complete performed from position as registered agencies, inc.	this certificate, I her ther agree to compl ance of my duties, a	reby accept the appo y with the provision nd I am familiar wi	ointment as registered is of all statutes th and accept the
By: Mary Paris,	(Signature) Assistant Secretary			
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Designation of Certified Copy	Registered Agent (optional)	

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PINEGATE 135 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 THIRTIETH DAY OF MARCH, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PINEGATE 135"
LLC" WAS FORMED ON THE ELEVENTH DAY OF MARCH, A.D. 2011.

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

4952512 8300

110359342

AUTHENTY CATION: 8660255

DATE: 03-30-11

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