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(((H11000116820 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEVINE & PARTNERS, P.A.

Account Number: 074677001117 Phone

: (305)372-1350

Fax Number

: (305)372-1352

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

gsr@levinelawfirm.com

Foreign Limited Liability Company Brandon Palisades, LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

T. CLINE

APR 29 2011

EXAMINER

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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

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	D TO REGISTER A PUREIGN
1 Brandon Palisades, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.	L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida a	nd attach a copy of the written
consent of the managers or managing members adopting the alternate name. The alternate name must Company," "L.L.C." "LLC.")	include "Limited Liability
2 Delaware	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if approximately approximatel	licable)
4 April 25, 2011 5 Perpetual	
(Date of Organization) . (Duration: Year limited liability of	company will cease to
exist or "perpetual")	201 SE
6	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 P.S. to determine penalty liability)	HE R
7 3250 Mary Street, Suite 306, Miami, Florida 33133	SH 5
7,	
	77 E
(Street Address of Principal Office)	©₹ %
8. If limited liability company is a manager-managed company, check here	30 NE.
9. The name and usual business addresses of the managing members or managers are	as follows:
The Manager shall be Styles LP, LLC whose address is:	
3250 Mary Street, Suite 306, Miami, Florida 33133.	
 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the officia 	al having custody of records in
he jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in	
ranslation of the certificate under oath of the translator must be submitted.)	
1. Nature of business or purposes to be conducted or promoted in Florida: Real es	tate
investment holdings. 27	
A6R	,
Signature of a member or an authorized representative of a mem	iber.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirm	
penalties of perjury that the facts stated herein are true. I am aware that any false information document to the Denartment of State constitutes a third degree felony as provided for it	

Paul C. Steinfurth, as Manager of Styles LP, LLC Typed or printed name of signee

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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.

any is:	•	
state of Florida is:		
f the registered agent and office	e are:	
	2011 SEC TALL	
(Name)	APR APR	
Suite 700	28 ARY SSI	EM27
ess (P.O. Box NOT ACCEPTABLE)	TO R	
FL 33131 City/State/Zip	STATE LORIDA	フ
	state of Florida is: f the registered agent and office (Name) Suite 700 ss (P.O. Box NOT ACCEPTABLE) FL 33131	state of Florida is: f the registered agent and office are: SECRETARY OF STATE STATE STATE

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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BRANDON PALISADES, 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 TWENTY-SEVENTH DAY OF APRIL, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRANDON PALISADES, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF APRIL, A.D. 2011.

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

2011 APR 28 AM % 30
SECRETARY OF STATE
TALL AHASSEE, FLORIDA

4973254 8300

110459303

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

Jeffrey W Bullock, Secretary of State
AUTHENTICATION: 8719597

DATE: 04-27-11

)