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SECRETARY OF STATE

T. CLINE
MAY 3 1 2011
EXAMINER

#### COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 12459 Keystone Ro		
N	ame of Limited Liability Company	
The enclosed "Application by Foreign Limited Li- Existence, and check are submitted to register the	ability Company for Authorization to Transact Business in I above referenced foreign limited liability company to transa	Florida," Certificate of act business in Florida
Please return all correspondence concerning this r	natter to the following:	
Yarden Bayles		
	Name of Person	
Miami Habitat		
	Firm/Company	
1329 Alton Road		
	Address	<del></del>
Miami Beach, Florida	33139	
	City/State and Zip Code	2011 SE:
info@miamilodge.c	rom	
E-mail address:	(to be used for future annual report notification)	- S Z
For further information concerning this matter, ple	ease call:	2011 MAY 27 PH 12: 58 SECRETARY OF STATE ALLIAH SSEE, FLOR DA
Yarden Bayles	at 305 \ 6733948	
Name of Person	Area Code & Daytime Telephone Number	SE SE
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations Registration Section	Division of Corporations Registration Section	
P.O. Box 6327	Clifton Building	
Tallahassec, FL 32314	2661 Executive Center Circle	
	Tallahassee, FL 32301	
Enclosed is a check for the following amo	aint:	
\$125.00 Filing Fee \$130.00 Filing I Certificate of St	Fee & \$155.00 Filing Fee & \$\sqrt{\$160.00 Filing Fee, C}	





### 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. 12459 Keystone Road, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	<del></del>
(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 and attach a copy of consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Li Company," "L.L.C," "LLC.")	
2. Delaware 3.	
(FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized)	
4. 12/15/10 5. Perpetual	
(Date of Organization)  (Duration: Year limited liability company will cease exist or "perpetual")	to
6(Date first transacted business in Florida, if prior to registration.)	<del>.</del>
(See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 1329 Alton Road	
Miami Beach, Florida 33139	2011
(Street Address of Principal Office)	MA.
8. If limited liability company is a manager-managed company, check here	2011 MAY 27
9. The name and usual business addresses of the managing members or managers are as follows:	PH 121
Eric Harari, sole and managing member	
1329 Alton Road	#2 <b>0.</b> <b>€20.</b> ·
Miami Beach, Florida 33139	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, translation of the certificate under oath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida:	
Ownership, operation, renting, management, financing, and possible future sale or disposition of 12459 Keystone Road, North Miami, Floring	da.
Be	_
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 felony as provided for in s.817.155, F.S.)

Eric Harari

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 Limite 12459 Keystone		•	
If unavailable, the alternat	e to be used in th	ne state of Florida is:	
2. The name and the Flori	da street address	of the registered agent and office ar	e:
Alexand	ra L. Deas, P	P.A. (Name)	
11 Islar	nd Avenue, #	#2108 dress (P.O. Box NOT ACCEPTABLE)	2011 M SECRI
Miami	Beach	FL 33139 City/State/Zip	2011 MAY 27 PI SECRETARY OF TALLAHASSEE, F
		to accept service of process for the ab this certificate, I hereby accept the ap	bove stated that the

Having been named as registered agent and to accept service of process for the above stated that 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.

Myanda tra

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



PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "12459 KEYSTONE ROAD 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 TWENTIETH DAY OF MAY, A.D. 2011.

4913308 8300

110580228

Jeffrey W. Bullock, Secretary of State

AUTHENT CATION: 8775583

DATE: 05-20-11

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