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**EXAMINER** 



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DIVISION OF CORPORATIONS

11 JUN -6 PH 2: 00

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

( ) ARTICLES OF INCORPORATION

Examiner's Initials

**CONTACT:** 

Kim Weidenbach

DATE:

06/06/11

**REF. #:** 

000409.149197

CORP. NAME: PAB LEGENDARY HOLDINGS LLC

( ) ANNUAL REPORT	( ) TRADEMARK/SERVICE MARK	( ) FICTITIOUS NAME		
( ) FOREIGN QUALIFICATION	( ) LIMITED PARTNERSHIP	( XX) LIMITED LIABILITY		
( ) REINSTATEMENT	( ) MERGER	( ) WITHDRAWAL		
( ) CERTIFICATE OF CANCELLATION				
( ) OTHER:				
STATE FEES PREPAID WITH CHECK# 540103 FOR \$ 155.00 AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:				
	COST LIM	IIT: \$		
PLEASE RETURN:				
( XX) CERTIFIED COPY	( ) CERTIFICATE OF GOOD STAND	ING ( ) PLAIN STAMPED COPY		
( ) CERTIFICATE OF STATUS				

( ) ARTICLES OF AMENDMENT

( ) ARTICLES OF DISSOLUTION

#### 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:

ЦМ	TTED	LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1.	PA	3 LEGENDARY HOLDINGS LLC
	(N	ame of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	_	
		inavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written
		f the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability," "L.L.C," "LLC.")
		ware 3. Applied For
		ction under the law of which foreign limited liability (FEI number, if applicable) ny is organized)
4.	Jun	e 2, 2011 <sub>5.</sub> Perpetual
		(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6 (	Upe	on registration                  \qquad   \qq           \qu
-		(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7	530	11 Blue Lagoon Drive, Suite 200
١	Mia	mi, Florida 33126
-		(Street Address of Principal Office)
8. I	lf lim	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  21 Blue Lagoon Drive, Suite 200  mi, Florida 33126  (Street Address of Principal Office)  ited liability company is a manager-managed company, check here
9. 1	The r	ame and usual business addresses of the managing members or managers are as follows:
	Siu	art I. Oran - 5301 Blue Lagoon Dr., Suite 200, Miami, FL 33126
	Ke	nt Ellert - 5301 Blue Lagoon Dr., Suite 200, Miami, FL 33126
-	Tim	Johnson - 5301 Blue Lagoon Dr., Suite 200, Miami, FL 33126
10. 7	Attach	led is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
theju	risdic	tion under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
trans	lation	of the certificate under outh of the translator must be submitted.)
11.	Nati	re of business or purposes to be conducted or promoted in Florida: Any lawful
ţ	ous	ness permitted by the laws of the State of Florida.
		HOCK
		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.)
		Stuart I. Oran

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 Company is:
PAB LEGENDARY HOLDINGS 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:
NRAI Services, Inc.
(Name)
515 East Park Avenue Florida Street Address (P.O. Box NOT ACCEPTABLE)
Tallahassee FL 32301 City/State/Zip

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) Patricia Tadlock Assistant Secretary

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

## Delaware

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#### The First State

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

DELAWARE, DO HEREBY CERTIFY "PAB LEGENDARY HOLDINGS 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 SIXTH DAY OF JUNE, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PAB LEGENDARY HOLDINGS LLC" WAS FORMED ON THE SECOND DAY OF JUNE, A.D. 2011.

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

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AUTHENTICATION: 8811021

DATE: 06-06-11

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