Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : NRAI SERVICES, LLC

Account Number : 120080000104 Phone

: (302)674-4089

Fax Number

: (302)674~5266

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

Lgrasso@herrick.com Email Address:

Foreign Limited Liability Company 12TH AVENUE RESIDENTIAL LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

J. SAULSBERRY **EXAMINER**

AUG 1 6 2011

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Corporate Filing Menu

Help

12TH AVENUE RESIDENTIAL LLC 848 Brickell Avenue, Suite 200, Miami, Florida 33131

As of August 10, 2011

Florida Department of State Division of Corporations

Re: Dissolution of 12th Avenue Residential LLC, a Florida limited liability company

Ladies and Gentlemen:

This letter is to serve notice that upon its dissolution as of the date hereof, the undersigned entity has no intention of revoking the dissolution and releases the name "12th Avenue Residential LLC" for use by any other entity in the State of Florida.

Sincerely yours,	SEC	2011	
12th Avenue Residential LLC,	RE TI AHA	AUG	
a Florida limited liability company	TARY ASSE	2	
	OF:S		m
By: /s/David M. Arditi	_ 'o ``	ထ္	\bigcirc
Name: David M. Arditi	RIO.	: 55	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here	of the writte Liability
4. JUNE 13, 2011 (Date of Organization) 5. perpetual (Duration: Year limited liability company will cease exist or "perpetual") 6. (Date first transacted business in Fiorida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 848 Brickell Avenue, Suite 200, Miami Fl 33131 (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: 12TH Avenue Manager LLC. 848 Brickell Avenue, Suite 200, Miami Fl 33131 10. Attached is an original certificate of existence, no more than 90 days old, duly authoriticated by the official having custody of the junisdiction 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 each of the translator must be submitted.)	
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11. Nature of business or purposes to be conducted or promoted in Florida: real estate	iy of records rage, a
/s/Lenora Boney	<u> </u>

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 faces 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.)

Lenora Boney, authorized representative

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.

1. The name of the Limited Liability Company is:		
12TH AVENUE RESIDENTIAL LLC		
If unavailable, the alternate to be used in the state of Florida is:	ZOII SE	
2. The name and the Florida street address of the registered agent and office are:	2011 AUG 15 SECRETARY TALLAHASSEI	
NRAI SERVICES, INC.	AH.	1
(Name)	65 A	1
2731 EXECUTIVE PARK DRIVE, SUITE 4	16 A S	
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
WESTON FL 33331	_	
City/suite/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.

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

Tina Bonovich, VP

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "12TH AVENUE RESIDENTIAL 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 SECOND DAY OF AUGUST, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "12TH AVENUE RESIDENTIAL LLC" WAS FORMED ON THE THIRTEENTH DAY OF JUNE, A.D. 2011.

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

2011 AUG 15 AM 8: 55
SECRETARY OF STATE

4995704 8300

110880748



AUTHENTICATION: 8942420

DATE: 08-02-11

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