M11000004683

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PiCK-UP	☐ WAIT	MAIL	
. (Bu	isiness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
<u> </u>			

Office Use Only

B. KOHR

SEP 1 9 2011

EXAMINER



200212029222

09/19/11--01030--014 **155.00



2011 SEP 19 PH 2:

11 SEP 19 PH W 23

SECRETARY OF STATE BIVISION OF CORPORATIONS * CORPDIRECT AGENTS, INC. (formerly CCRS) **515 EAST PARK AVENUE** TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

CONTACT:

KATIE WONSCH

DATE:

09/19/2011

REF. #:

002093.154373

CORP. NAME: FI TOWNHOUSE, LLC

Examiner's Initials

() ANNUAL REPORT	() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME
(XX) FOREIGN QUALIFICATION	() LIMITED PARTNERSHIP	() LIMITED LIABILITY
() REINSTATEMENT	() MERGER	() WITHDRAWAL
() CERTIFICATE OF CANCELLATION)N	
() OTHER:	•	
STATE FEES PREPAID V	VITH CHECK# <u>541530</u> FOR \$	155.00
, .	· · · · · · · · · · · · · · · · · · ·	
	ACCOUNT IF TO BE DEBIT	ED:
	COST L	IMIT: \$
*		
PLEASE RETURN:		•
(XX) CERTIFIED COPY	() CERTIFICATE OF GOOD STA	ANDING () PLAIN STAMPED COPY
() CERTIFICATE OF STATUS		
·*		

() ARTICLES OF INCORPORATION () 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 RUSINESS IN THE STATE OF FLORIDA.

1.	FI Townhouse, LLC (Name of Foreign Limited Liability Company; must include		No Addition of your
con	name unavailable, enter alternate name adopted for the purpos- sent of the managers or managing members adopting the alter npany," "L.L.C," "LLC.")	e of transacting business in Florida and attach a copy of nate name. The alternate name must include "Limited L	the writter iability
2.	Delaware 3		
7	Jurisdiction under the law of which foreign limited liability ompany is organized)	(FEI number, if applicable)	
4.	May 4, 2011 5.	Perpetual	oj.
	(Date of Organization) 5.	(Duration: Year limited liability company will cease exist or "perpetual")	SECRE
6. 7.	(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S.	ida, if prior to registration.) to determine penalty liability)	SION OF PH 4: 23
	1221 Brickell Avenue, Suite 1600, Miami, FL 331 (Street Address of Street Address of Street Indicated Liability company is a manager-managed of Street Indicated Liability Company is a manager Indicated Liability Company is a	·	23
9.	The name and usual business addresses of the mana Jean-Jacques Murray		
	c/o Steven W. Zelkowitz		
	1221 Brickell Avenue, Suite 1600, Miami, I	FL 33131	
the tran	Attached is an original certificate of existence, no more than 90 da jurisdiction under the law of which it is organized. (A photocopy slation of the certificate under oath of the translator must be subm	is not acceptable. If the certificate is in a foreign language itted.)	; a
11.	Nature of business or purposes to be conducted or	promoted in Florida: Keal Estate investi	meet.
•	(In accordance with section 608.408(3), F.S., the execure penalties of perjury that the facts stated herein are true	horized representative of a member. tion of this document constitutes an affirmation under the . I am aware that any false information submitted in a a third degree felony as provided for in s.817.155, F.S.)	
	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:			
FI Townho	ouse, LLC			
If unavailable, the alternate to be used in the state of Florida is:				
2. The name a	nd the Florida street address of the registered agent and office are:			
	Steven W. Zelkowitz			
	(Name)			
٠	1221 Brickell Avenue, Suite 1600 Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Miami, FL 33131 City/State/Zip			
liability compa- agent and agre relating to the p	amed as registered agent and to accept service of process for the above stated limited my at the place designated in this certificate, I hereby accept the appointment as registered e to act in this capacity. I further agree to comply with the provisions of all statutes proper and complete performance of my duties, and I am familiar with and accept the my position as registered agent as provided for in Chapter 608, Florida Statutes.			

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

(Signature)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE :

The First State

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

DELAWARE, DO HEREBY CERTIFY "FI TOWNHOUSE, 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 NINETEENTH DAY OF SEPTEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FI TOWNHOUSE, LLC" WAS FORMED ON THE FOURTH DAY OF MAY, A.D. 2011.

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

4978037 8300

111017705

AUTHENTICATION: 9036246

DATE: 09-19-11

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