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EXAMINER



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DEC VOLUME CONTRACTORS
DIVISION OF CONTORATIONS
TALL MAASSET, FLORIDA

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

FILING COVER SHEET ACCT. #FCA-14

CONTACT: **KATIE WONSCH** DATE: 11/04/2011 **REF. #:** 001495.156790 CORP. NAME: DELAND POOH LLC ( ) ARTICLES OF DISSOLUTION ( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) ANNUAL REPORT ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME ( XX ) FOREIGN QUALIFICATION ( ) LIMITED PARTNERSHIP ( ) LIMITED LIABILITY ( ) WITHDRAWAL ( ) REINSTATEMENT ( ) MERGER ( ) CERTIFICATE OF CANCELLATION ( ) OTHER: STATE FEES PREPAID WITH CHECK# 542084 FOR \$ 155.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** 

PLEASE RETURN:
( XX ) CERTIFIED COPY

( ) CERTIFICATE OF GOOD STANDING

COST LIMIT: \$\_\_\_\_

( ) PLAIN STAMPED COPY

( ) CERTIFICATE OF STATUS

Examiner's Initials

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

IN COMPLIANCE WITH SECTION (IXS)3, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ı. Delar	IABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE  nd Pooh LLC  ame of Foreign Limited Liability Company; must include "Liability Company"	
If name un	inavailable, enter alternate name adopted for the purpose of tr	ansacting business in Florida and attach a copy of the writte
consent of	f the managers or managing members adopting the alternate managers or managing members adopting the alternate managers or managers or managers are managers."  ""L.L.C." "LLC.")	ame. The alternate name must include "Limited Liability
2 Delaw		
(Jurisdic company	ction under the law of which foreign limited liability by is organized)	(FEI number, if applicable)
. Octob		rpetual
	(Date of Organization) (D	Puration: Year limited liability company will cease to ist or "perpetual")
5	(Date first transacted business in Florida, if	( prior to registration )
	(See sections 608,501 & 608,502 F.S. to dete	ermine penalty liability)
<sub>7.</sub> <u>c/o T</u>	The Zucker Organization, 101 West 55th S	Street, New York, New York 10019
	(Street Address of Prince	cipal Office)
3. If limi	ited liability company is a manager-managed comp	any, check here
9. The na	name and usual business addresses of the managing	members or managers are as follows:
	ald Zucker, 101 West 55th Street, New York,	_
,		• •
I() Attache	ned is an original certificate of existence, no more than 90 days old	dults outhernicoted but he official horizon which of records
he jurisdicti	tion under the law of which it is organized. (A photocopy is not of the certificate under eath of the translator must be submitted.)	acceptable. If the certificate is in a foreign language, a
	are of business or purposes to be conducted or prom	
Own	and operate real estate	
	EDOX a Pargust	
	Signature of a member or any authorize	ed 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  Doxia Dargaty	degree iciony as provided for in 8.817.155, 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.

i. The name of the Limite	a Liability Compa	any is:	
Deland Pooh LLC			
If unavailable, the alternate	to be used in the	state of Florida is:	
2. The name and the Florid	da street address o	of the registered agent and office are:	
United Co	orporate Service	es, Inc.	_
		(Name)	_
9200 So	uth Dadeland	Blvd Suite 508	
	Florida Street Addi	ress (P.O. Box NOT acceptable)	_
Miami		<sub>FL</sub> 33156	_
		City/State/Zip	
liability company at the pla agent and agree to act in th relating to the proper and a obligations of my position is United Copo By:	ce designated in the is capacity. I furth omplete performants registered agent patte Services, Inc.  (Signa)		ment as registered fall statutes nd accept the
Micha	el A. Barr, Presi		
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)	
	3 3,1717	Cet tilleate of Status (optional)	

## Delaware

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DELAND POOH 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 THIRD DAY OF NOVEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DELAND POOH LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2011.

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

5057561 8300

111165570

DATE: 11-03-11 You may verify this certificate online at corp. delaware. gov/authver. shtml

Jeffrey W. Bullock, Secretary of State AUTHENTYCATION: 9135316