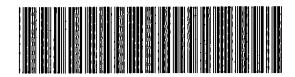
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(Requestor's Name)					
(Address)					
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DETY STATES OF STATES OF TALLAHASSEE, FLORIDA

RECEIVED
12 JAN 24 AHII: 24

DIVISION OF CORPORATIONS

12 JAN 24 FM 25 10

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

FILING COVER SHEET ACCT. #FCA-14

CONTACT:

Examiner's Initials

KATIE WONSCH

DATE:

01/24/2012

REF. #:

<u>001495.160616</u>

CORP. NAME: CORAL SPRINGS POOH LLC

() ARTICLES OF INCORPORATION	() ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION				
(``) ANNUAL REPORT	() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME				
(XX) FOREIGN QUALIFICATION	() LIMITED PARTNERSHIP	() LIMITED LIABILITY				
() REINSTATEMENT	() MERGER	() WITHDRAWAL				
() CERTIFICATE OF CANCELLATION	i					
() OTHER:						
STATE FEES PREPAID WITH CHECK# 543047 FOR \$ 155.00 AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:						
COST LIMIT: \$						
PLEASE RETURN:						
(XX) CERTIFIED COPY () CERTIFICATE OF GOOD STANDING () PLAIN STAMPED COPY						
() CERTIFICATE OF STATUS						

2 Jan 24 PA 2: 18

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Л	MITTED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1	Coral Springs Pooh LLC
٠.	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
lf	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written asent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability
	mpany,""L.L.C,""LLC.")
,	Delaware 3,
1	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
1.	December 22, 2011 5. Perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
í	·
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	c/o The Zucker Organization, 101 West 55th Street, New York, New York 10019
	(Street Address of Principal Office)
3.	If limited liability company is a manager-managed company, check here
).	The name and usual business addresses of the managing members or managers are as follows:
	Donald Zucker, c/o The Zucker Organization, 101 West 55th Street, NY, NY 10019
	And the state of t
). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
	relation of the certificate under oath of the translator must be submitted.)
1 1	Nature of business or purposes to be conducted or promoted in Florida:
	Owner and operator of real estate
	(1) \times 10 (1)
	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.)
	Doxia Dargaty, Authorized Person

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 t	he Limited Liability Company	y is:		
Coral Sprin	gs Pooh LLC			
If unavailable, th	e alternate to be used in the st	tate of Florida is:		
2. The name and	the Florida street address of t	the registered agent and office are:		
Ų	Jnited Corporate Services	s, Inc.	_	
•		(Name)		
9200 South Dadeland Blvd., Suite 508				
	Florida Street Address	s (P.O. Box <u>NOT</u> ACCEPTABLE)		
	Miami	FL 33156		
		City/State/Zip		
liability company agent and agree t relating to the pro obligations of my	at the place designated in this to act in this capacity. I further oper and complete performance	accept service of process for the above st certificate, I hereby accept the appointn r agree to comply with the provisions of e of my duties, and I am familiar with an s provided for in Chapter 608, Florida S	nent as registered all statutes id accept the	

\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CORAL SPRINGS 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 TWENTY-FOURTH DAY OF JANUARY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CORAL SPRINGS POOH LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2011.

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

5085223 8300

120077294

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

Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9315239

DATE: 01-24-12