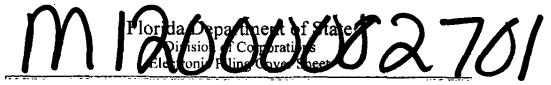
Division of Corporations

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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.

(((H120001312953)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: BILZIN SUMBERG BAENA PRICE & AXELROD FIRE

Account Number: 075350000132

Phone Fax Number : (305)374-7580 : (305)3\$1-2122

**Enter the email address for this business entity to be used for futuf8 annual report mailings. Enter only one email address please. **

Emmil Address:



Foreign Limited Liability Company Miami Design District Associates, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

12314 male

MAY 16 2012

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D. BRUCE

MAY 16 2012

EXAMINER

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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

1 Miami Design District Associates, LLC (Name of Foreign Limited Liability Company; must	it include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the p consent of the managers or managing members adopting the Company," "L.L.C," "LLC.")	purpose of transacting business in Florida and attach a copy of the written ne alternate name. The alternate name must include "Limited Liability
2. Delaware	3
(Jurisdiction under the law of which foreign limited liable company is organized)	(FEI number, if applicable)
4 7/26/10	5 perpetual
(Date of Organization)	(Duration: Year limited liability company will seeke to exist or "perpetual")
(See sections 608,501 & 608,50	in Florida, if prior to registration.) 12 F.S. to determine penalty liability)
7. 3841 N.E. 2nd Avenue, Suite 400, Miami, Florida 3313	TS CO
	Om in
(Street Ad	ldress of Principal Office)
8. If limited liability company is a manager-mana9. The name and usual business addresses of the	
Members of the Board of Managers:	
Craig Robins, 3841 N.E. 2nd Avenue, Suite 400	0, Miami, Florida 33137; and
Alain Hortion, 3841 N.E. 2nd Avenue, Suite 40	00, Miami, Florida 33137
10. Attached is an original certificate of existence, no more that the jurisdiction under the law of which it is organized. (A photomustation of the certificate under onth of the translator must be	an 90 days old, duly authenticated by the official having custody of records in otocopy is not acceptable. If the certificate is in a foreign language, a se submitted)
11. Nature of business or purposes to be conduct	ted or promoted in Florida:
To engage in any lawful act or activity.	
	inda Ebin
	an authorized representative of a member.
penalties of perjury that the facts stated herein	ne execution of this document constitutes an affirmation under the nare true. I am aware that any false information submitted in a stitutes a third degree felony as provided for in a.817.155, P.S.)
Linda Ebin, Authorized Represe	
Typed or pr	rinted 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 o	f the Limited Lia	bility Company is:		
Miami Design Di	strict Associates, LI	.c		
lf unavailable,	the alternate to b	e used in the state of Florida is:		
2. The name a	nd the Florida str	eet address of the registered agent and office are:	12 TALL	
	Craig Robins		AA E	nega.
		(Name)	Y 15 TARY ASSE	-
	3841 N.E. 2nd Ave	rnue, Suite 400	mo -	****
	Flor	ida Street Address (P.O. Box NOT ACCEPTABLE)	F- (1)	j V
	Miami	FL 33137	G: 45 TATE ORIDA	,
		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.

-,	//s// Cra	ig	Robins
	(5	signa	fture)
Craig	g Robins		
	\$ 100	.00	Filing Fee for Application
	\$ 25.	.00	Designation of Registered Agent
	\$ 30	.00	Certifled Copy (optional)
	\$ 5	በበ	Certificate of Status (optional)

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MIAMI DESIGN DISTRICT ASSOCIATES, 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 FOURTEENTH DAY OF MAY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

8300

120560854

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

DATE: 05-14-12