# M12000004587

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100238121581

VED 12

12 AUG I 4 AM 10: 07
SECRETARY OF STATE
ALL AHASSEF, FLORIO

APPROVED AND FILF D

D. BRUCE

AUG 1 5 2012

**EXAMINER** 



TON SERVICE COMPANY				
ACCOUNT NO.	:	120000000	195	
REFERENCE	:	312428	7435585	
AUTHORIZATION	:		100	
COST LIMIT	: 	\$ 125	Spellede	man
ORDER DATE : August 14, 2012				
ORDER TIME : 2:12 PM				
ORDER NO. : 312428-010				
CUSTOMER NO: 7435585				
FOREIGN F	ILI	<u>ngs</u>		
NAME: ID WHEEL (FL)	LL	С	,	12 AUG IL AM ID: 07 SECRETARY OF STATE TALLAHASSEE. FLORE
XXXX QUALIFICATION (TYPE: LI	<u>L</u> )			# 10: No. 10: 10: 10: 10: 10: 10: 10: 10: 10: 10:
PLEASE RETURN THE FOLLOWING AS	PR	OOF OF FILE	ING:	ATE OF
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STA	AND	ING		
CONTACT PERSON: Harry B. Davis			5	
		EXAMINER:		

#### 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 LIARITATY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  I ID WHEEL (FL) LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writconsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")	itten
2. DELAWARE  (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. May 22, 2012 5. perpetual	
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6. Will transact after qualification	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 50 Rockefeller Plaza, 2nd Floor, New York, New York 10020	
HASS	
(Street Address of Principal Office)	וויים
B. If limited liability company is a manager-managed company, check here	C
9. The name and usual business addresses of the managing members or managers are as follows 3	
CPA: 17 Limited Partnership 50 Rockefeller Plaza, 2nd Floor, New York, New York 10020	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record	s in
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ranslation of the certificate under oath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida: Real Estate Investments	
1 4 · M	
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	

Typed or printed name of signee

Nellie Yan, Vice President

### 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.

	ne of the Limited Lia L (FL) LLC	ility Company is:		
If unavaila	ble, the alternate to be	used in the state of Flori	da is:	
2. The nam	ne and the Florida stre	et address of the registere	ed agent and office are:	
	Corporation Ser	<del></del>		SECRE TALLAH
		(Name)		
	1201 Hays Stree			ARY (
	Flori	a Street Address (P.O. Box N	NOT ACCEPTABLE)	
	Tallahassee	FL 3	2301	100 N
		City/State/Zi	ip	<del></del>
liability con agent and a relating to t	npany at the place des igree to act in this cap the proper and comple	gnated in this certificate, I city. I further agree to co e performance of my dutie tered agent as provided <b>f</b> o	ce of process for the above I hereby accept the appoi omply with the provisions es, and I am familiar with or in Chapter 608, Florida	ntment as registered of all statutes and accept the
	By:	[av	$\mathcal{U}/\mathcal{U}$	
		(Signature)	Ham Asst. Vi	y B. D <b>avis</b> ice President
		\$ 25.00 Designation \$ 30.00 Certified Co	or Application of Registered Agent opy (optional) of Status (optional)	

## Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "ID WHEEL (FL) 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 AUGUST, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ID WHEEL (FL)

LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF MAY, A.D. 2012.

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

5157947 8300

120934484

AUTHENTICATION: 9779075

DATE: 08-14-12

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