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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		,
SUBJECT: 2500, L.L.C.		
	me of Limited Liability Company	
	polity Company for Authorization to Transact Business in Florida bove referenced foreign limited liability company to transact bus	
Please return all correspondence concerning this ma	atter to the following:	
Sinead A. Rossi		-
	Name of Person	
Gordon, Fournaris & Man	nmarella. P.A.	
<u> </u>	Firm/Company	-
1925 Lovering Avenue		
	Address	-
Wilmington, Delaware 1	9806	_
	City/State and Zip Code	
srossi@gfmlaw.com		يسيو
E-mail address: (to be used for future annual report notification)	- 12 ALL
For further information concerning this matter, plea	se call:	APPI A FII 12 AUG 7 SECRETARN VLLAHASSI
Sinead A. Rossi	at (302) 652-2900	APPROVED AND FILED 16 17 PM 1: 1 EIARY OF STAT HASSEE, FLORI
Name of Person	Area Code & Daytime Telephone Number	AND ILED 7 PM I: 8EE, FLO
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ED 1: 13 STATE LORIDA
Enclosed is a check for the following amount \$125.00 Filing Fee \$130.00 Filing Fee Certificate of Sta	ee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certifi	

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 BUSINESS IN THE STATE OF FLORIDA:

1. 2500, L.L.C.	
(Name of Foreign Limited Liability Company; must incli	ade "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpo consent of the managers or managing members adopting the alte Company," "L.L.C," "LLC.")	ose of transacting business in Florida and attach a copy of the written . ernate name. The alternate name must include "Limited Liability
2. Delaware	3. 27-2450792
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. August 1, 2012	
(Date first transacted business in Fl (See sections 608.501 & 608.502 F.S	orida, if prior to registration.) . to determine penalty liability)
7. 2500 West 17th Street	
Wilmington, Delaware 19806	Acs -
(Street Address	of Principal Office)
8. If limited liability company is a manager-managed	l company, check here [✓]
9. The name and usual business addresses of the man	aging members or managers are as follows:
Anthony P. DiEgidio, Sole Manager	OR T
36 S. Ocean Boulevard, Unit P-1	Dm ω
Del Ray Beach, FL 33483	
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocop translation of the certificate under oath of the translator must be sub-	
11. Nature of business or purposes to be conducted or	r promoted in Florida: Investments
Signatural to most a con an	athorized representative of a member.
Signature of a theuroct of all an	anorized representative of a member.

Typed or printed name of signee

Anthony P. DiEgidio, Sole Manager

(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.)

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 Compa	ny is:	
If unavailable, the alternate to be used in the	state of Florida is:	
2. The name and the Florida street address o	f the registered agent and office are:	
Weiner, Lynne & Thomps	son, P.A.	
	(Name)	 .
10 SE 1st Avenue, Suite C Florida Street Address (P.O. Box NOT ACCEPTABLE)		SECRETAR TALLAHASS
Delray Beach,	_{FL} 33444	ARY O

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.

City/State/Zip

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "2500, L.L.C." 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 TENTH DAY OF AUGUST, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "2500, L.L.C."
WAS FORMED ON THE FIFTEENTH DAY OF APRIL, A.D. 2010.

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

4812177 8300

120926294

AUTHENTY CATION: 9773325

DATE: 08-10-12

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