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Division of Corporations Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: BILZIN SUMBERG BAENA PRICE & AXELROD A

Account Number : 075350000132

Phone

: (305)374-7580

Fax Number

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

Foreign Limited Liability Company MDDA STARDUST MEMBER, LLC

Certificate of Status	1
Certified Copy	1
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EXAMINER

41306

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKEN LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA.

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE S 1 MDDA Stardust Member, LLC	STATE OF PLORIDA:
(Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern	of transacting business in Florida and attach a copy of the written
Company," "L.L.C," "LLC.")	take traine, the attention halls melade. Limited Liaving
2. Delaware 3.	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. 9/5/2012 5,	perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6.	
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	o determine penalty liability)
7. 3841 N.E. 2nd Avenue, Suite 400, Miami, Florida 33137	ARE EP
	SSS -
(Street Address of	f Principal Office)
8. If limited liability company is a manager-managed o	
9. The name and usual business addresses of the management	ging members or managers are as follows:
Miami Design District Associates Manager, LLC, a Delaware	limited liability company
3841 N.E. 2nd Avenue, Suite 400, Miami, Florida 33137	
10. Attached is an original certificate of existence, no more than 90 dathe jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under each of the translator must be submit	
11. Nature of business or purposes to be conducted or i	promoted in Florida:
To engage in any lawful act or activity.	-
/s/ Lind	la Ebin
Signature of a member or an auth	orized representative of a member.
	ion of this document constitutes an affirmation under the
	I am aware that any false information submitted in a third degree felony as provided for in s.817.155, F.S.)

Linda Ebin, Authorized Representative

Typed or printed name of signee

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By:

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.

	e of the Limited Liability Company is:	•	
MDDA Stardu	ist Member, LLC		
If unavailable	e, the alternate to be used in the state of Florida is:		
		•••	
2. The name	and the Florida street address of the registered agent and office	are;	,
		*v.g	· · ·
	Craig Robins		*P 55 72
	(Name)		SEP
	3841 N.E. 2nd Avenue, Suite 400		ASS ASS
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		EF OF E
•	Miami FL 33137		8: 3 FLOT
	City/State/Zip	 ,	AIDA NE SIG

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.

(Sign	āture)
Craig Robins	1
\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30,00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

/s/ Craig Robins

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MDDA STARDUST MEMBER, 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 SIXTH DAY OF SEPTEMBER, A.D. 2012.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MDDA STARDUST MEMBER, LLC" WAS FORMED ON THE FIFTH DAY OF SEPTEMBER, A.D. 2012.

5208179 8300

121001276

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

AUTHENTICATION: 9826175

DATE: 09-06-12