

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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From:

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Foreign Limited Liability Company **345 NE 32ND SN, LLC**

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Corporate Filing Menu

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10/11/2012

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CT CORPORATION

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October 12, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION

SUBJECT: 345 NE 32ND SN, LLC

REF: W12000052407

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Neysa Culligan Regulatory Specialist II FAX Aud. #: H12000247757 Letter Number: 712A00025230

RECEIVED

12 OCT 12 PH #418
SECNETARY OF STATE
ALLAHASSEE, FLORIDA

RE-SUBMIT
Please retain original filing
date of submission _______

P.O BOX 6327 - Tallahassee, Florida 32314

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. 345 NE 32nd SN, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,	or "LLC.")		
(Name of Foreign Emitted Entering Company, mass Income Emission Entering Company)	,		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and at consent of the managers or managing members adopting the alternate name. The alternate name must inclu Company," "L.L.C," "LLC.")	tach a copy of de "Limited Li	the wri	itten
2. Delaware 3			
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable company is organized)	le)		
4. October 11, 2012 5. Perpetual			
(Date of Organization) (Duration: Year limited liability compexist or "perpetual")	any will cease	to	
6. upon qualification		7	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	A.C.	PCT PCT	ست.
7. 80 Cuttermill Road, Suite 500	55.22.		7
Great Neck, New York 11021	E.	<u></u>	
(Street Address of Principal Office)	<u> </u>	<u>დ</u>	
8. If limited liability company is a manager-managed company, check here	ORIDA ORIDA	61	
9. The name and usual business addresses of the managing members or managers are as f	follows:		
Nadar Damaghi, 80 Cuttermill Road, Suite 500, Great Neck, New York 11021			
Kambiz Damaghi, 80 Cuttermill Road, Suite 500, Great Neck, New York 11021			
Babak Damagh, 80 Cuttermill Road, Suite 500, Great Neck, New York 11021	1	`	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official has the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a for translation of the certificate under oath of the translator must be submitted.)			sin
11. Nature of business or purposes to be conducted or promoted in Florida:		_	
to purchase, maintain, develop or sell real property			
			
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 penalties of perjury that the facts stated herein are true. I am aware that any false information suld document to the Department of State constitutes a third degree felony as provided for in a.8	bmitted in a		
Christopher Garofalo, as authorized person	aritaly today		
Typed or printed name of signee			

FL057 - 10/03/2010 C T System Online

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.

345 NE 32n			
If unavaila	ble, the alternate to be used i	in the state of Florida is:	
2. The nar	ne and the Florida street add	ress of the registered agent and office are:	12 0 SLG TALL
	C T Corporation System		
		(Name)	ANKY (
	1200 South Pine Island Road	d	THE B. B.
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		STATE STATE FLORID
	Plantation	ET 33324	. DA
		City/State/Zip	-
liability con agent and a relating to t	npany at the place designated igree to act in this capacity. I the proper and complete perfo	and to accept service of process for the above solin this certificate, I hereby accept the appoints further agree to comply with the provisions of ormance of my duties, and I am familiar with an agent as provided for in Chapter 608, Florida System	ment as registered all statutes nd accept the

S 100.00 Filing Fee for Application
S 25.00 Designation of Registered Agent
S 30.00 Certified Copy (optional)
Certificate of Status (optional)

FL057 - 10/05/2010 C T System Online

Delaware

DACE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "345 NE 32ND SN, 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 ELEVENTH DAY OF OCTOBER, A.D. 2012.

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

5226192 8300

121119863

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

AUTHENTICATION: 9909269

DATE: 10-11-12