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SECRETARY OF STATES
FALLAHASSEES ELORIDA

B. BOSTICK

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EXAMINER

CORPDIRECT AGEN 515 EAST PARK AVI TALLAHASSEE, FL 222-1173	ENUE	merly CCRS)			
FILING COVER S ACCT. #FCA-14	SHEET				
CONTACT:	KATIE WO	NSCH			
DATE:	10/15/2012				
REF. #:	001495.174258				
CORP. NAME:	CA 947 LIN	COLN ROAD LLC			
() ARTICLES OF INCO	PRPORATION	() ARTICLES OF AMENDMENT	() ARTICLES OF D	ISSOLUTION	
() ANNUAL REPORT	ORT () TRADEMARK/SERVICE MARK		() FICTITIOUS NAME		
(XX) FOREIGN QUALIFICATION () LIMITED PARTNERSHIP		() LIMITED LIABILITY			
() REINSTATEMENT		() MERGER	() WITHDRAWAL		
() CERTIFICATE OF C () OTHER: STATE FEES PE		TH CHECK# 101550	FOR \$ <u>155.00</u>	FILE 12 OCT 15 AM SEARNSSEE.E	
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PLEASE RETURN:

(XX) CERTIFIED COPY

() CERTIFICATE OF GOOD STANDING

() PLAIN STAMPED COPY

() CERTIFICATE OF STATUS

Examiner's Initials

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. CA 947 Lincoln Road LLC	
(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 Company, ""L.L.C," "LLC.")	of transacting business in Florida and attach a copy of the written ate name. The alternate name must include "Limited Liability
2. Delaware 3.	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. October 12, 2012 5.	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon filing	
(Date first transacted business in Flori (See sections 608,501 & 608,502 F.S. to	ida, if prior to registration.) o determine penalty liability)
7. 1261 20th Street at West Avenue	
Miami Beach, FL 33139	IAS H
	Principal Office)
8. If limited liability company is a manager-managed c	ompany, check here 🗸
9. The name and usual business addresses of the management	
Comras Company, 1261 20th Street at West	Avenue, Miami Beach, FL 33139
	2
 Attached is an original certificate of existence, no more than 90 da the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be submit 	
11. Nature of business or purposes to be conducted or	Total Roberts
11. Tandie of outsiness of purposes to be conducted of	Promoton III 1 10/14th
ME	
Signature of a member or an autl	horized representative of a member.
· · · · · · · · · · · · · · · · · · ·	tion of this document constitutes an affirmation under the
	a third degree felony as provided for in s.817.155, F.S.)

Michael A. Comras

Typed or printed name of signee

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 Company is:	
CA 947 Lincoln Road LLC	***************************************
If unavailable, 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:	
Michael A. Comras (Name)	12 OCT 15 TALLAHASS
1261 20th Street at West Avenue Florida Street Address (P.O. Box NOT ACCEPTABLE)	ASSESSED AN
Miami Beach , FL 33139 City/State/Zip	9: 43 STATE LORIDA

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.

(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 :

The First State

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

DELAWARE, DO HEREBY CERTIFY "CA 947 LINCOLN ROAD 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 FIFTEENTH DAY OF OCTOBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CA 947

LINCOLN ROAD LLC" WAS FORMED ON THE TWELFTH DAY OF OCTOBER, A.D.

2012.

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

12 OCT 15 AM 9: 43
SELECTION OF STATES
TALLAHASSEE, FI DRIPA

5227276 8300

121127345

AUTHENTY CATION: 9914740

DATE: 10-15-12

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