(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

G. MCLEOD

NOV 2 9 2012

**EXAMINER** 



400240661164



ACCOUNT NO. : 12000000195
REFERENCE : 434694 4983A
AUTHORIZATION : Spullelle man
COST LIMIT : \$125,00
ORDER DATE: November 27, 2012
ORDER TIME : 9:30 AM
ORDER NO. : 434694-010
CUSTOMER NO: 4983A
FOREIGN FILINGS
NAME: 2020 BISCAYNE BOULEVARD, LLC
XXXX QUALIFICATION (TYPE: LL)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX PLAIN STAMPED COPY
CONTACT PERSON: Kimberly Moret EXT# 52949

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 LIABILITY COMPANY TOTRANSACT REINIESS. IN THE STATE OF FLORIDA:

EMITED EXAMINATION TRAINING TO BOSHVESS IN THE STATE OF PRODUCA.
1. 2020 Biscayne Boulevard, 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 writte
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability
Company," "L.L.C," "LLC.")
. D.I
2. Delaware  (Jurisdiction under the law of which foreign limited liability  (FEI number, if applicable)
company is organized)
N- 1 7 0010
4. November 7, 2012  (Date of Organization)  5. Perpetual  (Duration: Year limited liability company will cease to
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
. , .
6. N/A
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7
Service and the service and th
Manii, FL 3313/
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
6. If finited flability company is a manager-managed company, check here \( \sum_{\text{cr}_{1}} \)
9. The name and usual business addresses of the managing members or managers are as follows:
7. The hame and usual business addresses of the managing members of managers are as follows.
Braman-Leibowitz Florida Real Estate Associates, LLC
2060 Biscayne Boulevard, Second Floor, Miami, FL 33137
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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
translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
To own, hold and manage commercial real estate property
Please see Exhibit A attached
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
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
Please see Exhibit A attached
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 C	Company is:
2020 Biscayne Boulevard, LLC	
If unavailable, the alternate to be used i	in the state of Florida is:
2. The name and the Florida street add	ress of the registered agent and office are:
Corporation Service Co	ompany (Name)
1201 Hays Street	· · · · · · · · · · · · · · · · · · ·
Florida Street	et Address (P.O. Box <u>NOT</u> ACCEPTABLE)
Tallahassee	FL 32301 City/State/Zip

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.

y: Kimberty B. Morei
(signature) as its agent

Corporation Service Company

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

#### **EXHIBIT A**

BRAMAN-LEIBOWITZ FLORIDA REAL ESTATE ASSOCIATES, LLC, the Sole Member

Fourth Amended and Restated Declaration of Trust of Norman Braman dated May 31, 2002

Norman Braman, Trustee

Edward R. Leibowitz Revocable Trust Agreement of 2004

By: Edward R. Leibowitz, Trustee

Blossom M. Leibowitz Revocable Trust Agreement of 2004

Blossom M Leibowitz Trustee

# Delaware

PACE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "2020 BISCAYNE BOULEVARD, 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 TWENTY-SEVENTH DAY OF NOVEMBER, A.D.
2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "2020 BISCAYNE BOULEVARD, LLC" WAS FORMED ON THE SEVENTH DAY OF NOVEMBER, A.D. 2012.

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

5238132 8300

121265585

Jeffrey W Bullock, Secretary of State AUTHENTY CATION: 0013397

DATE: 11-27-12

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