11300000376

(R	equestor's Name)	·		
(A	ddress)	<u> </u>		
(A	ddress)			
(C	ity/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(D	ocument Number)			
Certified Copies	Certificates of Statu	s		
Special Instructions to Filing Officer:				

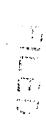
Office Use Only



100246606141

APR 1 6 2013 T CLINE DEPARTMENT OF STATE

2013 APR 15 AM D: 0





ACCOUNT NO. : I2000000195

REFERENCE : 609726 7483879

AUTHORIZATION :

COST LIMIT :

ORDER DATE: April 12, 2013

ORDER TIME : 5:08 PM

ORDER NO. : 609726-005

CUSTOMER NO: 7483879

FOREIGN FILINGS

NAME: FINANCIAL ADMINISTRATORS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 52951

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 TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Financial Administrators, 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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited I Company," "L.L.C," "LLC.")	
2. Delaware 3. pending	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. 12/31/12 5. perpetual	
(Date of Organization) (Duration: Year limited liability company will cear exist or "perpetual")	ie to
6. 1/1/13	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 4000 Island Boulevard, PH-2	2913
Aventura, FL 33160	์ ซี วัง
(Street Address of Principal Office)	<u>.</u>
8. If limited liability company is a manager-managed company, check here	
9. The name and usual business addresses of the managing members or managers are as follows: $\frac{1}{177}$: 05
Island Boulevard Holdings, LLC	
4000 Island Boulevard, PH-2	<u> </u>
Aventura, FL 33160	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custod the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language translation of the certificate under eath of the translation must be submitted.)	age, a
11. Nature of business or purposes to be conducted or promoted in Florida: any lawful purpo	se
Refle	 '
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	

Typed or printed name of signee

Richard Feldman, Authorized Representative

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.

	of the Limited Liability C	Company is:	
If unavailable,	the alternate to be used i	in the state of Florida is:	
2. The name a	and the Florida street add	ress of the registered agent and office are:	2013 (
Corporation Service Company			
(Name)		— 	
	1201 Hays Street		1 1 2 5 5
Florida Street Address (P.O. Box NOT ACCEPTABLE)		- <u>1</u> 05	
	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.

Corporatio	n Service Company	
Bv:	an Service Company Arium L. Dunlap	Carina L. Dunlap
<u> </u>	(Signature)	Asst. Vice President

\$ 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 "FINANCIAL ADMINISTRATORS, 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 TWELFTH DAY OF APRIL, A.D. 2013.

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 "FINANCIAL ADMINISTRATORS, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2012.

5268216 8300

130433103

AUTHENTY CATION: 0356029

DATE: 04-12-13

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