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To:

Division of Corporations

Fax Number

: (850)617-6383

Prom:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222~1092

Phone Fax Number

: (850)878~5368

\*\*Businer the email address for this business entity to be used for futur > in annual report mailings. Enter only one email address please. \*\* ail Address:

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## Foreign Limited Liability Company 1520 WOOSTER AVENUE ASSOCIATES, LIMITED LIABILITY CO

| Certificate of Status | 0        |
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| Certified Copy        | 0        |
| Page Count            | 05       |
| Estimated Charge      | \$125.00 |

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6/27/2013 11:10:10 From: To: (850) 617-6383

CR2E027 (9/10) COVER LETTER TO: Registration Section Division of Corporations 1520 Wooster Avenue Associates, Limited Liability Company SUBJECT: Name of Limited Liability Company The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida. Please return all correspondence concerning this matter to the following: Robin Roimi Name of Person 1520 Wooster Avenue Associates, Firm/Company 2637 E. Atlantic Boulevard, PMB #141 Address Pompano Beach, FL 33062 City/State and Zip Code robindewseven@sol.com E-mail address: (to be used for fiture annual report notification) For further information concerning this matter, please call: Robin Roimi 954 946-1134 at 6 Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations Registration Section Registration Section P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahasson, FL 32314 Talishassee, FL 32301 Enclosed is a check for the following amount:

🗘 \$155.00 Filing Fee &

Certified Copy

S160.00 Filing Fee, Certificate

of Status & Certified Copy

□ \$130.00 Filing Fee &

Certificate of Status

☐ \$125.00 Filing Fee

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

| LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE S   | -   |
|---|---|
| 1. 1520 Wooster Avenue Associates, Limited Liability C. (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 o consent of the managers or managing members adopting the alternate Company," "L.L.C," "LLC.")  | f transacting business in Florida and attach a copy of the written came. The alternate name must include "Limited Liability |
| 2. Ohio 3.  | 11-3500325  |
| (Jurisdiction under the law of which foreign limited liability company is organized)  | (FEI number, if applicable)   |
| 4. 6/25/1999  | Perponal  |
| (Date of Organization)  | (Duration: Year limited liability company will cease to exist or "perpetual")   |
| 6. (Date first transacted business in Florida   | Varios to and the tion  |
| (See sections 608.501 & 608.502 P.S. to   | determine penalty liability)  |
| 7. 2641 B. Atlantic Boulevard, Suite 203  |   |
| Pompano Beach, FL 33062   |   |
| (Street Address of E  | rincipal Office)  |
| 8. If limited liability company is a manager-managed con  | mpany, check here   |
| 9. The name and usual business addresses of the managing  | ng members or managers are as follows:  |
| Daniel Wiener   | 2 2   |
| 1520 Wooster Avenue Associates, LLC   |   |
| 2637 E. Atlantic Boulevard, PMB #141, Pompano Beach, FL 3   | 3062  |
| 10. Attached is an original certificate of existence, no more than 90 day<br>the jurisdiction under the law of which it is organized. (A photocopy is<br>translation of the certificate under outh of the translation must be submitted.) | not acceptable. If the contificate is in a foreign language, a  |
| 11. Nature of business or purposes to be conducted or pro-  | omoted in Florida: Real Estate  |
| DA  |   |
| Signature of a member or an autho   | •   |
| (In accordance with section 608.408(3), F.S., the executive penalties of perjury that the facts stated herein are true. I document to the Department of State constitutes a tile.   |   |
| Daniel Wiener MEMBE   |   |

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: 1520 Wooster Avenue Associates, Limited Liability Company |                         |   |  |  |
|--|-------------------------|---|--|--|
| If unavailable, the  | alternate to be used in | n the state of Florida is:                  |  |  |
| 2. The name and t  | he Florida street addr  | ess of the registered agent and office are: |  |  |
|  |                         | Cone Management, Inc.                       |  |  |
| _  |                         | (Name)                                      |  |  |
|  | 2637 1                  | E. Atlantic Boulevard, PMB #141             |  |  |
| 7  | Florida Stree           | t Address (P.O. Box NOT ACCEPTABLE)         |  |  |
| Po   | mpano Beach             | FL 33062                                    |  |  |
| _  |                         | 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.

By: Cone Management, Inc.

By: PA ES.

(Signature)

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

## United States of America State of Ohio Office of the Secretary of State

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show 1520 WOOSTER AVENUE ASSOCIATES, LIMITED LIABILITY COMPANY, an Ohio Limited Liability Company, Registration Number 1084869, was organized within the State of Ohio on June 25, 1999, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 27th day of June, A.D. 2013

**Ohio Secretary of State** 

Validation Number: V2013178JD1D33