Division of Corporations

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To:

Division of Corporations

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From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

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Foreign Limited Liability Company ALHAMBRA VENTURES LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

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Electronic Filing Menu

Corporate Filing Menu

Help

D. BRUCE

AUG 1 6 2013

COVER LETTER

	tion Section of Corporations					
cupieer.	ALH	AMBRA VENTURES LLC				
SUBJECT: Name of Limited Liability Company						
Existence, and ch	oplication by Foreign Limited Liabilities are submitted to register the about the submitted to register the about the submitted to register the about the submitted that it is must be submitted to the submitted that the submitted that it is submitted to the submitted that the submitted that it is submitted to the submitted to the submitted that it is submitted to the submitted that it is submitted to the submitted that it is submitted to the submitted to the submitted that it is submitted to the submitted to the submitted that it is submitted to the submitted to the submitted to the submitted that it is submitted that it is submitted to the submitted that it is submitted that it is submitted to the submitted that it is submitted that it is submitted to the submitted that it is submitted that it is submitted to the submitted that it is submitted to the submi	we referenced foreign limited !	to Transact Business in Flori lability company to transact b	ida," Certí ousiness in	ificate o: r Florida	[
	, -	TE S. STANCIOFF, ESQ.				
	0.000.	Name of Person		_		
		riging of the son	. **	<i>s</i> ~		
	FINSER	CORPORATION	•		7-3	
	-	Firm/Company				
	121 ALI	-iambra plaza, suite 140) 0		AUG 15	
		Address		一公子	~	
				SAC	Çī	-
	CORAL	GABLES, FL 33134		لي لير. ت	PH	1
,		City/State and Zip Code		TOPNO!	**	25
	İsta	ncioff@cisneros.com		25	10	•
•	E-mail address: (to	be used for future annual repo	rt notification)			
For further infor	mation concerning this matter, pleas	e call:				
LISSET	TES. STANCIOFF, ESQ.	at (305)_	442-3412			
· · · · · · · · · · · · · · · · · · ·	Name of Person	Area Code & Daytime Tele	ophone Number			
Divisio Registr P.O. Bo	NG ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, Ft. 32301				
	check for the following amour Filing Fee S130.00 Filing Fee Certificate of State	& \$155.00 Filing Fee &	\$160.00 Filing Fee, Cer of Status & Certified C	tificate opy		

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATU IJMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN TH			ER A PC	ソルシャック・マ
1. ALHAMBRA VEN				_
(Name of Foreign Limited Liability Company; must inc	lude	"Limited Liability Company," "L.L.C.," or "LL	C.")	
				_
(If name unavailable, enter alternate name adopted for the pur	pose	of transacting business in Florida and attach a co	py of the	written
consent of the managers or managing members adopting the a Company," "L.L.C," "LLC.")	item	ite name. The alternate name must include "Lim	IÇO LIBDI	iity
•				
2. DELAWARE (Jurisdiction under the law of which foreign limited liability	3.	20-8956908 (FEI number, if applicable)		_
(Jurisdiction under the law of which foreign limited liability company is organized)	,	(PEI hathbel, it applicable)		
4. APRIL 30, 2007	5.	PERPETUAL	退15	_ <u>E</u>
(Date of Organization)		(Duration: Year limited liability company will exist or "perpetual")		E3
ADDAL GLAVITICA TIGAL	,	ond or purposent ,	至行	ÆUG
6. UPON QUALIFICATION		de if union to pagistrution	<u>화됐</u> 마교.	
(Date first transacted business in (See sections 608.501 & 608.502 F	.S. to	determine penalty liability)	386 78	Ç
z 121 ALHAMBRA PLAZA	. su	TE 1400	ليد شر دي دي	P
7			<u>ක</u> ු දුර	→- ¹
CORAL GABLES, FLOR	UDA	. 33134	Z E	**
(Street Addre	ss o	Principal Office)	E.C.	_
 The name and usual business addresses of the m ADRIANA CISNEROS 	១៣៦រុ	ging members or managers are as follows	S :	
				
121 ALHAMBRA PLAZA, SUITE 1400				
CORAL GABLES, FLORIDA 33134				
10. Attached is an original certificate of existence, no more than the jurisdiction under the law of which it is organized. (A photos translation of the certificate under oath of the translator must be s	xopy ubm	is not acceptable. If the certificate is in a foreign la ited.)	nguage, a	eccrds in
11. Nature of business or purposes to be conducted	or	promoted in Florida: ANY LAWFUL ACT	OR	
ACTIVITY FOR WHICH LIM THE LIABILITY COMP.	ANII	S MAY BE ORGANIZED UNDER THE LAW	S OF TH	ie.
STATE OF FLORIDA.				_
		orized representative of a member.		
		ion of this document constitutes an affirmation under I am aware that any false information submitted		
		third degree felony as provided for in s.817.15:		
•		NAGER AND SOLE MEMBER		
Typed or prin	ted	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.

The name of the Limited Liability Company is: ALHAMBRA VENTURES LLC	
navailable, the alternate to be used in the state of Florida is:	
The name and the Florida street address of the registered agent and office are:	
LISSETTE S. STANCIOFF, ESQ.	
(Name)	
121 ALHAMBRA PLAZA, SUITE 1140	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
CORAL GABLES FL 33134	Cross Cross
City/State/Zip	lada.
ving been named as registered agent and to accept service of process for the above stated limited — bility company at the place designated in this certificate, I hereby accept the appointment as registered and and agree to act in this capacity. I further agree to comply with the provisions of all standes — atting to the proper and complete performance of my duties, and I am familiar with and accept the igations of my position as registered agent as provided for in Chapter 608, Florida Statutes.	
By: (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

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ALHAMBRA VENTURES 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 FOURTERNTH DAY OF AUGUST, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4343570 R300

130990978

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

AUTHENTY CATTON - 0.665962

DATE: 08-14-13