### Florida Department of State

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#### Foreign Limited Liability Company 124 COCONUT ROW, LLC

Certificate of Status	0
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B. BOSTICK

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**EXAMINER** 

CR2E027 (9/10)

#### COVER LETTER

		Registration Section Division of Corporations			
SUBJEC	T:	124 COCONUT ROW, LLC			
			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:

KALMAN VIDO	MLANSKI			
<del></del>	N	ume of Person		
L. JAKES, LLC				
	Firm/Company			
FDR STATION	PO BOX 805			
	Address			
new York, n	r 10150			
	City/S	tate and Zip Code		
. Kalman@smi	THNYC.COM			
	B-mail address: (to be use	for future annual report not	lification)	1-5
Por further information concerning	this matter, please call:	*	Fo	013
KALMAN VIDOMLAN	ski	212 888-5; at ()	500 AHA	2013 AUG :
Name o	f Person Are	a Code & Daytime Telephon	na Number	23
Division of Corporations		ET ADDRESS; on of Corporations	TO Ti	Ř
Registration Section P.O. Box 6327		etion Section Building	ORID	Ċ
Taliahassee, FL 32314		executive Center Circle	Ę	39
Enclosed is a check for the fo	llowing amount:		•	
S125.00 Filing Fee	☐ \$130.00 Filing Pee & Certificate of Status	Cartified Copy	☐ \$160.00 Filing Fee, Cer of Status & Certified C	

# 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: 124 COCONUT ROW, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.C.") Af name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") DELAWARE (PBI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) JUNE 20, 2013 PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) 6. N/A (Oate first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) o/o kochman & ziska plc, 222 lakeview avenue, suite 1500 WEST PALM BRACH, FL 33401 (Street Address of Principal Office) 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: L, JAKES, LLC FDR STATION - PO BOX 805 NEW YORK, NY 10150 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 eath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: RHAL ESTATE INVESTMENT. Signature of a member or an authorized representative of a member. (In accordance with section 602,408(3), F.S., the execution of this document constitutes an affirmation under the pensities 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.)

Typed or printed name of signee

KALMAN VIDOMLANSKI

# 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	ompany is:				
If unavailable, the	alternate to be used	in the state of Florid	a is:			
2. The name and t	he Plorida street add	ress of the registere	d agent and office are:	SEURI ALLAH	9013 ALE.	- {
		C T Corporation Syst	em	SE, T	, , , ,	; }
-	······································	(Name)				
		1200 South Pine Island	Road	رے نہے	8. W	٠
_	Piorida Stre	et Address (P.O. Box N	OT ACCEPTABLE)	ORIO	39	
Pl	antation	FL.	33324	<del>-</del> -	-	
<del></del>	<del></del>	City/State/Zi	p			

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: CT Corporation System Patricla Herrora Swan Assistant Secretary

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

# Delaware

DACP 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "124 COCONUT ROW, 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-SECOND DAY OF AUGUST, A.D. 2013.

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

ZDIB AUG 23 AH 8: 39

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You may verify this certificate enline at corp. delawars.gov/authver.shtml

jaffrey W. Bullock, Secretary of State

DATE: 08-22-13