Division of Corporations

Page 1 of 1



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Division of Corporations

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Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number : (850)222-1092 : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Foreign Limited Liability Company 301 BRAZILIAN AVE, LLC

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D. BRUCE

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		COVE	R LETTER			
TO: Registre Divisio	ation Section n of Corporations					
SUBJECT:	i Brazilian ave, LLC					
	Ne	me of Limi	ed Liability Company			
	ppileation by Poreign Limited Lish heek are submitted to register the a					
Please return all	correspondence concerning this m	atter to the	following:			
	KALMAN VIDOMLANSKI			**		
		Nat	ne of Person			
	L. JAKES, LLC				AUG 23	
		Pin	m/Company		ASS N	
	FDR STATION - PO BOX 805				<u> </u>	
			Address		S. 2	
	NEW YORK, NY 10150		_		PHIZ: 18	
		City/Str	ue and Zip Code			
	KALMAN@SMITHNYC.COM			-		
E-mail address: (to be used for future annual report notification)						
For further info	rmation concerning this matter, ple	aso call:				
KAL	MAN VIDOMLANSKI		212 888-55	00		
	Name of Person	Area	at () Code & Daytime Telephon	e Number		
Division Registr P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 series, FL 32314	Division Registre Clifton 2661 Ex	TADDRESS: n of Corporations ution Section Building recutive Center Circle ssee, FL 32301			
	check for the following amo 5.00 Filing Fee S130,00 Fili Certificate of	ing Pee 🕭	S155.00 Filing Fee & Certified Copy	[] \$160,00 Filing Fee of Status & Certifi		

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 301 BRAZILIAN AVE, 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 stack 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," "L.L.C.")
2. DELAWARE 3.
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. JUNE 20, 2013 S. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A
(Date first transacted business in Ploride, If prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty liability) C/o KOCHMAN & ZISKA PLC, 222 LAKEVIEW AVENUB, SUITE 1500
7. o/o KOCHMAN & ZISKA PLC, 222 LAKEVIEW AVENUE, SUITE 1500
WEST PALM BEACH, 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:
I. JAKBS, 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 the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a finelign language, a translation of the certificate under cath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: REAL ESTATE INVESTMENT
- Klm
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 fellony as provided for in 3.817.155, F.S.) KALMAN VIDOMLANSKI
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.

state of Florida is:		_	
the registered agent and office		_	
<u> </u>		2013	Geneva .
1200 South Pine Juland Road	\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}	23	The same of the sa
PL 33324 City/State/Zip	OF STATI	1:2	
	Curporation System (Name) outh Pine Island Road ess (P.O. Box NOT ACCEPTABLE) FL. 33324	Corporation System (Name) Auth Pins Island Road Cass (F.O. Box NOT ACCEPTABLE) PL 33324 PL 33324	Corporation System (Name) Auth Pine Island Road Cas (F.O. Box NOT ACCEPTABLE) 13324 PL 13324 PL 13324 PL

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.

(Signature)

Patricia Herrera Swan Assistant Secretary

\$ 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

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "301 BRAZILIAN AVE, 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.

5354513 8300

131017218

You may verify this cortificate unline at corp. delaware.gov/authver.shtml

AUTHENTX CATION: 0685208

DATE: 08-22-13