| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| , | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

۴,

Office Use Only



800250548858

JIVISION OF CORPORATION 13 AUG 30 PM 1:51

RECEIVED

2013 AUS 30 AM II: 06

B. BOSTICK SEP 0 3 2013

EXAMINER



ACCOUNT NO. : I2000000195 REFERENCE : 782619 7543147 AUTHORIZATION : COST LIMIT : ORDER DATE: August 29, 2013 ORDER TIME : 5:26 PM ORDER NO. : 782619-010 CUSTOMER NO: 7543147 FOREIGN FILINGS NAME: 1150 8TH STREET MANAGER LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Susie Knight -- EXT# 52956

CR2E027 (9/10)

COVER LETTER.

| TO: | Registration Section Division of Corporations | | | | | | | |
|--------------------|---|---|---|-----------------|---------------------------------------|------|-------------|---------|
| SUBJI | | ET MANAGER LLC | | | | | | |
| 3000 | E0,11 | | | | | | | |
| | nclosed "Application by Foreince, and check are submitted | | | | | | | |
| Please | return all correspondence co | neerning this matter to the | following: | | | | | |
| | Luis Rinaldini | | | | | | | |
| | * ************************************* | Na | me of Person | | | | | |
| | Groton Partners | | | | | | | |
| Firm/Company | | | | | | | | |
| 640 Fifth Avenue | | | | | | | | |
| Address | | | | | | | | |
| New York, NY 10019 | | | | | | | | |
| | | City/St | ate and Zip Code | , | | ₽. | 20 | |
| | lrinaldini@groton | | | | | | 2013 AUG 30 | g., v |
| | 1 | i-mail address: (to be used | for future annual | report notifica | tion) | E Ku | জ | ene |
| For fur | rther information concerning | this matter, please call: | | | | 33. | õ | 1 |
| | Luis Rinaldini | | 212 at (| 430 - 180 | 1 | 温泉 | AH 11: 07 | į. į |
| • | Name of | Person Area | Code & Daytime | Telephone Nu | mber | PAT | T: 0 | |
| | MAILING ADDRESS: Division of Corporations' Registration Section P.O. Box 6327 Tallahassee, FL 32314 | Division Registra Clifton 2661 Ex | et ADDRESS: n of Corporations ation Section Building secutive Center Ci ssee, FL 32301 | rċle | | Ÿ~* | 7 | |
| Ènclo | osed is a check for the fo | llowing amount: ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filii Certified Co | - | \$160.00 Filing F of Status & Cert | | | |

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 1150 8th Street Manager 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 the wr. consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.D.C," "L.D.C," "L.D.C," | itten |
| 2. DE 3. 46-3349850 | |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) | |
| 4. 07/26/2013 5. July 31, 2063 | |
| (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") | |
| 6. not'yet | |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | |
| 7 1150 8th Street, Miami Beach, FL 33139. | |
| (Street Address of Principal Office) | |
| (Street Address of Principal Office) | ****** |
| 8. If limited liability company is a manager-managed company, check here | 11 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14 |
| 9. The name and usual business addresses of the managing members or managers are as follows: Luis Rinaldini c/o Groton Partners, 640 Fifth Avenue, New York, NY 10019 | • |
| Luis Rinaldini c/o Groton Partners, 640 Fifth Avenue, New York, NY 10019 | |
| c/o Groton Partners. | |
| 640 Fifth Avenue, New York, NY 10019 | |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receptable in the purisdiction, 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 oath of the translator must be submitted.) | nds in |
| 11. Nature of business or purposes to be conducted or promoted in Florida: Real Estate | |
| managment of buildings | |
| Am Kinald | |
| 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 felony as provided for in s.817.155, F.S.) | |
| Luis E. Rinaldini | |

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.

| | of the Limited Liability Co | ompany is: | |
|-------------|--|--|-----------------------------------|
| • | e, the alternate to be used in et Manager FLA LLC | n the state of Florida is: | |
| 2. The name | and the Florida street addr | ress of the registered agent and office are: | 20 TA |
| | Corporation Correct Correct | | |
| | 1201 Hays Street | (Name) | ZO13 AUS 30 SECRETARY TALLAHASSE |
| | Florida Stree | 三二二 | |
| | Tallahassee | FL 32301 | AM II: 07 OF STATE E.FLORID |
| | · | City/State/Zip | 11:7 |

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.

Corporation Service Company

By: Sue G. Knight

(Signature) Assistant 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 "1150 8TH STREET MANAGER 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 THIRTIETH DAY OF AUGUST, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1150 8TH STREET MANAGER LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JULY, A.D. 2013.

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

2013 AUG 30 AM II: 07
SECRETARY OF SAME

5373990 8300

131042209

Jeffrey W Bullock, Secretary of AUTHENTY CATION: 0703123

DATE: 08-30-13

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