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10/15/13

NAME: PAGE PLAZA GP, LLC

TYPE OF FILING: APPLICATION

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AUTHORIZATION:

ABBIE/PAUL HOI

CR2E027 (9/10)

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	PAGE PLAZA GP, LLC						
SOBJ.		ame of Limited Liability Company					
The en Exister	nclosed "Application by Foreign Limited Lin nce, and check are submitted to register the	ability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business inFlorida					
Please	return all correspondence concerning this m	natter to the following:					
	Karen Rodriguez						
		Name of Person					
	Triad Professional Services						
	Firm/Company						
	1720 Windward Concourse, Suite 390						
	Address						
	Alpharetta, GA 30005						
City/State and Zip Code							
	david@sittasset.com						
	E-mail address:	(to be used for future annual report notification)					
For fu	ther information concerning this matter, ple	ease call:					
	Karen Rodriguez	770 777-2091					
	Name of Person	Area Code & Daytime Telephone Number					
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
Enclo	sed is a check for the following amo \$\mathbb{S}\$ \$125.00 Filing Fee \$130.00 Fili Certificate o	ng Fee & 🔲 \$155.00 Filing Fee & 🖾 \$160.00 Filing Fee, Certificate					

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 FUREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PAGE PLAZA GP, 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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabili Company," "L.L.C," "LLC.")							
2. Delaware 3							
2. (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)							
4. October 4, 2013 5. Perpetual							
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")							
6. Upon qualification							
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)							
7. I Penn Plaza	Ś						
New York, NY 10119							
(Street Address of Principal Office)							
8. If limited liability company is a manager-managed company, check here	聖二二〇						
9. The name and usual business addresses of the managing members or managers are as follows:	: 10						
David Sitt c/o Sitt Asset Management, 1 Penn Plaza, New York, NY 10119							
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rec	cords 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 oath of the translator must be submitted.)							
11. Nature of business or purposes to be conducted or promoted in Florida:							
real estate investment and management							
- Darmy My							
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.)							
David Sitt							
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 t	the Limited Liabili	ty Company is:		
PAGE PLAZA GP,	LLC			··
If unavailable, th	e alternate to be us	sed in the state of Flor	ida is:	
2. The name and	I the Florida street	address of the register	red agent and office are:	3 OCT FI
	55			
•		(Name)		一門空
	93.5			
•				
	Plantation	FL	33324	
-		City/State/2	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.

NRAI Services, Inc.

(Signate

\$ 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 "PAGE PLAZA GP, 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 TENTH DAY OF OCTOBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PAGE PLAZA GP, LLC" WAS FORMED ON THE FOURTH DAY OF OCTOBER, A.D. 2013.

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

5410476 8300

131183484

AUTHENTY CATION: 0804312

DATE: 10-10-13

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