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DEPARTMENT OF STATE

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#### FOREIGN FILINGS

NAME: SRA/WESTON SHOPS II, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u> )	est and
PLEASE RETURN THE FOLLOWING AS PROOF (	OF FILING:
XXCERTIFIED COPY	de la company
CONTACT PERSON: Susie Knight EXT#	52956 Sp. 4
EYAMI	

#### 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. SRA/Weston Shops II, LLC	
(Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern	
Company," "L.L.C." "LLC.")	tate traine. The anomate name must hender Emmed Entority
<sub>2.</sub> Delaware <sub>3.</sub>	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. November 6, 2013 5.	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
<sub>6.</sub> Upon filing	
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	ida, if prior to registration.) to determine penalty liability)
<sub>7.</sub> c/o Savitar Realty Advisors	1,0
5345 Pine Tree Dr., Miami Bead	ch. Fl. 33140
	of Principal Office)
8. If limited liability company is a manager-managed c	
9. The name and usual business addresses of the mana	ging members or managers are as follows:
Savitar Realty Advisors	TO STATE OF
5345 Pine Tree Dr., Miami Bea	ch, FL 33140
10. Attached is an original certificate of existence, no more than 90 d the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subnul. Nature of business or purposes to be conducted or	nitted.)
11. Ivaluit of ousiness of pulposes to be conducted of	promoted in Florida.
Signature of a member or an aut	horized representative of a member.
(In accordance with section 608.408(3), F.S., the execu	ntion of this document constitutes an affirmation under the
	e. I am aware that any false information submitted in a a third degree felony as provided for in s.817.155. F.S.)

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.

• • • • • • • • • • • • • • • • • • • •	N SHOPS II, LLC  e, the alternate to be used in	the state of Florida is:	
2 The name	and the Florida street addre	ess of the registered agent and office a	re-
2. The hame	Corporation Service Comp		
		(Name)	
	1201 Hays Street		13 NO 14
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Tallahassee	32301 FL	
		City/State/Zip	

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

Assistant Vice President

(Signature)

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

CR2E027 (9/10)

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SHA SKA

#### SRA/Weston Shops II, 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:

## Aaron S. Gaynor

Name of Person

#### Roberts & Holland LLP

Firm/Company

## 825 Eighth Ave., 37th Floor

Address

## New York, New York 10019

City/State and Zip Code

### agaynor@rhtax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

#### Aaron S. Gaynor

,212

903-8770;

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee & Certificate of Status

\$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

## Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SRA/WESTON SHOPS II, 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 SIXTH DAY OF NOVEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SRA/WESTON SHOPS II, LLC" WAS FORMED ON THE SIXTH DAY OF NOVEMBER, A.D. 2013.

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

13 NOV -5 8H 9: 40

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AUTHENTICATION: 0873274

DATE: 11-06-13

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