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| PICK-UP WAIT MAIL                       |   |
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| (Business Entity Name)                  |   |
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| (Document Number)                       |   |
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| Certified Copies Certificates of Status | _ |
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| Special Instructions to Filing Officer: |   |
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### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: Giselle 500 Masonic, 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:

| David E. Klein, Esq.   |              |          |              |
|--|--------------|----------|--------------|
| Name of Person   |              |          |              |
| Rabideau Law   |              |          |              |
| Firm/Company   |              | 2        |              |
| 400 Royal Palm Way, Suite 404                                      | ALLA         | 2013 DEC |              |
| Address  | 表彰           | Ċ        | Mr. American |
| Palm Beach, FL 33480   | SET OF       | 6 PH     |              |
| City/State and Zip Code  | 200          |          | garline.     |
| dklein@rabideau-law.com  | KIOA<br>KIOA | ვ. ५8    | W. W.        |
| E-mail address: (to be used for future annual report notification) |              |          |              |

For further information concerning this matter, please call:

| David Klein    | 561 655-6221                         |
|----------------|--------------------------------------|
| 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

| 1 | Dec al | اممما | :    | ملم مباء | Can the a | following |        |
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|   | r.nc   | iosea | is a | cneck -  | ior ine   | TOHOWING  | 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

# 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:

| I. Giselle 500 Masonic, 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 wiconsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")  | ritten<br>′ |
| <sub>2.</sub> California   |             |
| (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)  |             |
| September 21, 2009 5. Perpetual  |             |
| (Date of Organization)  (Duration: Year limited liability company will cease to exist or "perpetual")  |             |
| 6  |             |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  |             |
| 7. 2200 Pacific Unit 9D  | 7           |
| San Francisco CA 94115   |             |
| (Street Address of Principal Office)   |             |
| 8. If limited liability company is a manager-managed company, check here   | um a        |
| 9. The name and usual business addresses of the managing members or managers are as follows:   |             |
|  |             |
| Giselle A Parry  |             |
| 2200 Pacific Unit 9D   |             |
| San Francisco CA 94115   |             |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rec 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.) | ords in     |
| 11. Nature of business or purposes to be conducted or promoted in Florida: The ownership   |             |
| and rental of real property.   |             |
|  |             |
| 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.)                     |             |
| GUY RABIDEN  |             |
| 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.

|  | the Limited Liability Company is:  |                        |  |
|--|--|------------------------|--|
| If unavailable, th   | ne alternate to be used in the state of Florida is:  |                        |  |
| 2. The name and  | d the Florida street address of the registered agent and office are:   |                        |  |
|  | Guy Rabideau, Esq.   |                        |  |
|  | (Name)   |                        |  |
|  | 400 Royal Palm Way, Suite 404  |                        |  |
|  | Florida Street Address (P.O. Box NOT ACCEPTABLE)   | 2                      |  |
|  | Palm Beach, FL 33480 FL City/State/Zip   | OEC-6                  |  |
| liability company<br>registered agent<br>statutes relating | ned as registered agent and to accept service of process for the above staged at the place designated in this certificate, I hereby accept the appointing and agree to act in this capacity. I further agree to comply with the provito the proper and complete performance of my duties, and I am familiar values of my position as registered agent as provided for in Chapter 608, in (Signature) | isions of all with and |  |

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

### State of California

### Secretary of State

#### **CERTIFICATE OF STATUS**

ENTITY NAME: GISELLE 500 MASONIC, LLC

FILE NUMBER:

200926510049

**FORMATION DATE:** 

09/21/2009

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

**CALIFORNIA** 

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 23, 2013.

**DEBRA BOWEN**Secretary of State