M1400000308

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
. PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



500255662465

SURF AT WAY IN THE WAY

THE D SECRETARY OF STATE

T. Buren JAN. L. Z. WIR.



TION SÊRVICE COMPANY.						
ACCOUNT NO.	: I2000000195					
REFERENCE	: 964225 7557294					
AUTHORIZATION	: Spelvolenan					
COST LIMIT	: \$ 125					
ORDER DATE : January 15, 2014						
ORDER TIME : 1:46 PM						
ORDER NO. : 964225-005						
CUSTOMER NO: 7557294						
	· · · · · · · · · · · · · · · · · · ·					
FOREIGN FILINGS						
NAME: BISCAYNE 1900	OWNER LLC					
	• \					
XXXX QUALIFICATION (TYPE: <u>LI</u>	교)					
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:					
CERTIFIED COPY						
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STA	ANDING					
CONTACT PERSON: Susie Knight -	EXT# 52956					

EXAMINER:

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: BISCAYNE 1900 OWNER 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 written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C." "LLC.") 2. DE (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 505 Fifth Avenue, 28th Floor New York, NY 10017 (Street Address of Principal Office) 6. 505 Fifth Avenue, 28th Floor New York, NY 10017 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Andrew B. Cohen -Authorized member 505 Fifth Avenue, 28th Floor New York, NY 10017 Jeffrey A. Goldberger - Authorized member 505 Fifth Avenue, 28th Floor New York, NY 10017 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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 eath of the translator must be submitted.) Signarule of an authorized person (In accordance with section 605.0203, F.S. the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein accuracy 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.) Jeffrey A. Goldberger

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	ne of the Limited Liability Co	mpany is:	٠	
	ble, the alternate to be used in	the state of Florida is:	<u> </u>	•
2. The nam	ne and the Florida street addre	ess of the registered agent and office are: ,	TAS 1	
	Corporation Service Comp	pany	ECR ELA	
	(Name)		JAN 16 CRETARY LAHASSE	
	1201 Hays Street		SEE.	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		AH 10: LS Y OF STATE EE. FLORID	
	Tallahassee	32301 FL	TF NDA	
	· · · · · · · · · · · · · · · · · · ·	City/State/Zip	-	
liability com registered a statutes rela	npany at the place designated egent and agree to act in this c ating to the proper and comple	and to accept service of process for the above in this certificate, I hereby accept the appoint apacity. I further agree to comply with the pacter performance of my duties, and I am familiate agreed agent as provided for in Chapter 60	tment as rovisions of all iar with and	
	Corporation Service Compa	iny Hary Billin Aust	ry 8. Devis Vice President	
	By: (S	Gignature)		
	\$ 100	00 Filing Fee for Application		

Designation of Registered Agent

Certified Copy (optional)
Certificate of Status (optional)

\$ 25.00

\$ 30.00

5.00

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "BISCAYNE 1900 OWNER 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 SIXTEENTH DAY OF JANUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BISCAYNE 1900 OWNER LLC" WAS FORMED ON THE EIGHTH DAY OF JANUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

NOT BEEN ASSESSED TO DATE.

14 JAN 16 AM 10: 45
SECRETARY OF STATE

5461855 8300

140054609

AUTHENTY CATION: 1063983

DATE: 01-16-14

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