Division of Corporations Electronic Filing Cover Sheet

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To:

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: VCORP SERVICES, LLC

Account Number : I20080000067

: (845)425-0077

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Foreign Limited Liability Company

Orange Blossom Associates II LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

K. SALY EXAMINER

MAY - 2 2014

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:

(Name of Foreign Limited Liability Company; must i	include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose Liability Company," "L.L.C," or "LLC,")	of trunsacting business in Florida. The alternate name must include "Limited
_{2,} Delaware	3.
(Jurisdiction under the law of which foreign limited liability dompany is organized)	(Fist number, if applicable)
4. Onte tirst transacted business	s in Ploridu, if prior to registration.)
(See sections 605.0904 & 605.0	905, F.S. to determine penalty liability)
_{5.} 181 S Franklin Ave – Ste 302	लंद ह
Valley Stream, NY 11581	
6. 181 S Franklin Ave – Ste 302	iress of Principal Office)
Valley Stream, NY 11581	
(N	failing Address)
7. The name, title or capacity and address of the p	person(s) who has/have authority to manage is/are:
Mark Rubin, member	
181 S Franklin Ave - Ste 302	
Valley Stream, NY 11581	
having custody of records in the jurisdiction under	no more than 90 days old, duly authenticated by the official the law of which it is organized. (A photocopy is not go, a translation of the certificate under oath of the translator

Taylor Lolya, Authorized Person

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.

	he Limited Liability Company is: lossom Associates II LLC	三
	e alternate to be used in the state of Florida is:	A LANGER OF THE PARTY OF THE PA
2. The name and	the Florida street address of the registered agent and off	ice are:
	127 , 47	
•	(Name)	
	106	
		
	Davie _{FL} 33314	
	City/State/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 605, Florida Statutes.

(Signature)

\$ 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 3

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ORANGE BLOSSOM ASSOCIATES 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 FIRST DAY OF MAY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ORANGE BLOSSOM ASSOCIATES II LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF APRIL, A.D. 2014.

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

5524721 8300

140545321

DATE: 05-01-14

You may verify this certificate online at corn, deleware, gov/authwer, shtml