

M14000003096

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company
Palau North Beach Management, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

RECEIVED

14 MAY -6 PM 4: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAY -6 AM 10:33

H14000108116

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:

1. Palau North Beach Management, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name is 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 member adopting the alternate name. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI Number if applicable)

4. April 4, 2014
(Date of Organization)

5. perpetual
(Duration: Year Limited Liability Company will cease to exist or "perpetual")

6. upon filing of this application
(Date first transacted business in Florida, if prior to registration.)

7. c/o SFCM 3100 NW 72nd Avenue, Suite #113
Miami, FL 33122
(Principal Office Address)

c/o SFCM 3100 NW 72nd Avenue, Suite #113
Miami, FL 33122
(Mailing Address)

8. If limited liability company is manager-managed company, click here

9. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Meir Srebernik, Member c/o SFCM 3100 NW 72nd Avenue, Suite #113 Miami FL 33122
Gil Kivetz, Member c/o SFCM 3100 NW 72nd Avenue, Suite #113 Miami FL 33122
Gregory Martin, Manager c/o SFCM 3100 NW 72nd Avenue, Suite #113 Miami FL 33122

10. 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 oath of the translator must be submitted.)

2014-11-05 11:09 AM

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11. Nature of business or purposes to be conducted or promoted in Florida:

All Lawful Purposes

Signature of a member or an authorized representative of a member.
(in accordance with section 605.0203(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

Meir Srebernik Gina Mulligan by Gina Mulligan as Attorney-in-Fact

Typed or printed name of signee

2017 JUN 9 AM 11:02
Gina Mulligan

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.

1. The name of the Limited Liability Company is:

Palau North Beach Management, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

South Florida Condominium Management Inc.
(Name)

3100 NW 72nd Avenue, Suite #113
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Miami FL 33122
City/State/Zip

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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.



South Florida Condominium Management Inc. by Gina Mulligan as Attorney-in-Fact
(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 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PALAU NORTH BEACH MANAGEMENT, 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 MAY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PALAU NORTH BEACH MANAGEMENT, LLC" WAS FORMED ON THE SIXTH DAY OF AUGUST, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

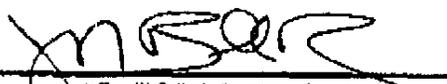
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You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1347124

DATE: 05-06-14