Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000107125 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : AVILA RODRIGUEZ HERNANDEZ MENA & FERRI LLP

Account Number: 120070000136 : (786)594-4102 Phone Fax Number : (786)664-3375

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

Email Address:

Foreign Limited Liability Company EEFC 74 NW 24 Owner, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

MAY - 7 2014

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: EEFC 74 NW 24 OWNER, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") EEFC 74 NORTHWEST 24 OWNER, LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") DELAWARE 46-4983541 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, If applicable) 4. <u>N/A</u> (Date first transacted business in Florida, if piker to registration.) (See acctions 605.0904 & 605.0905, F.S. to determine penalty liability) c/o East End Capital Partners, LLC 600 Madison Avenue, 11th Floor, New York, NY 10022 (Street Address of Principal Office) Same as Principal Office (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: JONATHON K. YORMAK, AUTHORIZED REPRESENTATIVE DAVID PERETZ, AUTHORIZED REPRESENTATIVE 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

Signatury of an authorized person

acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator.

(In accordance with section 605.0203, F.S., the execution of titls decement 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 Blate constitutes a third degree febory as provided for in x817.155, F.S.)

JONATHON K. YORMAK

Typed or printed name of signee

must be submitted)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA

1. The name of the Limited Liability Company is: EEFC 74 NW 24 OWNER, LLC
EEFC 74 NW 24 OWNER, LLC
If unavailable, the alternate to be used in the state of Florida is:
EEFC 74 NORTHWEST 24 OWNER, LLC
2. The name and the Florida street address of the registered agent and office are:
CORPORATION SERVICE COMPANY
(Name)
1201 HAYS STREET
Florida Street Address (P.O. Box NOT ACCEPTABLE)
TALLAHASSEE FI 32301
City/State/Zip
Having been named as registered agent and to accept service of process for the above stated lin 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 statutes relating to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, Florid 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

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EEFC 74 NW 24 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 THIRTIETH DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EEFC 74 NW 24 OWNER, LLC" WAS FORMED ON THE FOURTH DAY OF MARCH, A.D. 2014.

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

5490871 8300

140543030

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

AUTHENTY CATION: 1334121

DATE: 04-30-14