

#N14000004500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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14 JUN 30 PM 1:32

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2014 JUN 30 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
JUL -1 2014

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: Kim Weidenbach

DATE: 06/30/14

REF. #: 9195587

CORP. NAME: DOUGLAS ELLIMAN COMMERCIAL LLC

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 70022776 FOR \$ 55.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

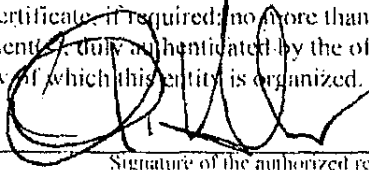
1. Name of limited liability Company as it appears on the records of the Florida Department of State: Douglas Elliman Commercial, LLC
2. Jurisdiction of its organization: New York
3. Date authorized to do business in Florida: June 25, 2014

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: _____
(must contain "Limited Liability Company," "LLC," or "L.L.C.")

(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 contain "Limited Liability Company," "LLC," or "L.L.C.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change: SEE ATTACHMENT
7. Attached is an original certificate, if required, no more than 90 days old, evidencing the aforementioned amendment, duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Kenneth I. Haber

Typed or printed name of signer

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

6. If the amendment changes person, title or capacity in accordance with 605.0902(1)(e), indicate that change:

Title:

Name and Address:

MGRM

Douglas Elliman Realty, LLC
575 Madison Avenue
406
New York, NY 10022

President and
Chief Executive Officer

Jay Parker
1111 Lincoln Road
805
Miami Beach, FL 33139

Executive Vice President

Kenneth I. Haber
575 Madison Avenue
406
New York, NY 10022

Vice President and
Qualifying Broker

Thomas J. Bryan
1111 Lincoln Road
805
Miami Beach, FL 33139

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TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that DOUGLAS ELLIMAN COMMERCIAL, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/01/2004, and that the Limited Liability Company is existing so far as shown by the records of the Department.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 19th day of June
two thousand and fourteen.*

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State