### Florida Department of State

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#### Foreign Limited Liability Company 1197 N. East, LLC

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Corporate Filing Menu

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AUG - 8 2014

8/7/2014

## 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: 1197 N. EAST, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LUC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.I.C," or "LI.C.") <sub>2.</sub> Delaware (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 603.0904 & 605.0905, F.S. to determine puralty Hability) 5 917 Tahoe Boulevard, Suite 200 incline Village, NV 89451 (Street Address of Principal Office) 6. Same as above (eastbbA gailiaM) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Nathan A. Horvath, Manager, 917 Tahoe Blvd., Ste. 200, Incline Village, NV 89451 Peter M. Castleman, Manager, 917 Tahoe Blvd., Ste. 200, Incline Village, NV 89451 Mark J. Sullivan, Manager, 1700 H Street, NW, Washington, DC 20006 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 oath of the translator must be submitted) Signature of ah authorized person (in accordance with section 605.0203, F.S., the execution of this document contributes as affirmation under the penaltics of perjury that the feets stated herein are true. I

em aware that any false information submitted in a document to the Department of State constitutes a third degree follow as provided for in a \$17.155, F.S.)

Typed or printed name of signee

MARK. J. SULWAN

## 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:	
1197 N. Bast, LLC		
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street a	ddress of the registered agent and office are:	
NRAI Services	, Inc	
	(Name)	
1200 South Pine Island	Road	
Florida Si	root Address (P.O. Box NOT ACCEPTABLE)	
Plantation	_ FL 33324 _	
	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.

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\$ 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 "1197 N. EAST, 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 AUGUST, A.D. 2014.

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

AUTHENTICATION: 1600652

DATE: 08-06-14