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4/24/15

NAME: MIAMI POOH, LLC

TYPE OF FILING: APPLICATION

COST:

160.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### **COVER LETTER**

	Registration Section Division of Corporations				
SUBJEC	MIAMI POOH, LLC				
	Name of Limited Liability Company				
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.				
Please re	turn all correspondence concerning this matter to the following:				
	JOSEPH J. GIAMBOI				
Name of Person					
Firm/Company					
MANHATTAN SKYLINE MANAGEMENT CORP.					
	Address				
	101 WEST 55th St., New York, NY 10019				
	City/State and Zip Code				
	Jgiamboi@Mskyline.com				
	E-mail address: (to be used for future annual report notification)				
For furth	er information concerning this matter, please call:				
	Joseph J. Giamboi, Authorized Person at (212) 408-9461				
•	Name of Contact Person Area Code Daytime Telephone Number				
] ] ]	MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Callahassee, FL 32314  Callahassee, FL 32314  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301				
	d is a check for the following amount:  □ \$125.00 Filing Fee  □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Copy  □ \$160.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Copy  □ \$160.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Copy				

# 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:

MIAMI POOH, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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.")
2. DELAWARE (Jurisdiction under the law of which foreign limited liability)  3. 47-3807850 (FEI number, if applicable)
company is organized)  4 NONE
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. C/O MANHATTAN SKYLINE MANAGEMENT CORP.
101 WEST 55TH STREET, NEW YORK, NY 10019
(Street Address of Principal Office)  6. MANHATTAN SKYLINE MANAGEMENT CORP.
101 WEST 55TH STREET, NEW YORK, NY 10019 (Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Donald Zucker, Managing Member
101 West 55th Street
New York, NY 10019
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)
- Spation box
Signature of an authorized person  (In accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true, am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817,155, F.S.)
Joseph J. Giamboi, 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.

	of the Limited Liability Com Pooh, LLC	ipany is:	
If unavailable	e, the alternate to be used in t	he state of Florida is:	
2. The name	and the Florida street address	s of the registered agent and office are:	
	NRAI Services, Inc.		
		(Name)	
	1200 South Pi	ne Island Road	
	Florida Street 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.

Maria Harcia — Maria Garcia-Asst Secretary
(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 "MIAMI POOH, 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 SEVENTEENTH DAY OF APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MIAMI POOH, LLC" WAS FORMED ON THE SIXTEENTH DAY OF APRIL, A.D. 2015.

5730169 8300

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You may verify this certificate onlin-

Jeffrey W. Bullou k, Secretary of State

**)** 

DATE: 04-17-15