Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

: (850)617-6383

Please retain original filing

date of submission 4/27

From:

Account Name Account Number : FCA000000023

: C T CORPORATION SYSTEM

: (850)205-8842

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Email Address:

Foreign Limited Liability Company **3900 NW LLC**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

CR2E027 (9/10)

COVER LETTER					
	ration Section on of Corporations				
	900 NM ITC				
SUBJECT: _		Name of Limited Liability Company			
The enclosed *. Existence, and	Application by Foreign Limited I check are submitted to register the	Liability Company for Authorization to Transact Business in Florida,* Certificate of ne above referenced foreign limited liability company to transact business in Florida			
Please return al	correspondence concerning this	s matter to the following:			
	Holly F. Berger				
		Name of Person			
	Bryan Cave LLP				
		Firm/Company			
	1290 Avenue of the Americ	as			
		Address			
	New York, NY 10104				
		City/State and Zip Code			
	michael.sherman@drep.cor	n			
	E-mail addre	ss: (to be used for future annual report notification)			
For further info	mation concerning this matter,	please call:			
Holly	F. Berger	212 541-2189 at ()			
	Name of Person	Area Code & Daytime Telephone Number			
Divisi Regist P.O. E	JNG ADDRESS: on of Corporations tration Section Box 6327 passee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	-	nount: Filing Fee & Status Certified Conv. of Status & Certified Conv.			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 3900 NW LLC	
(Name of Foreign Limited Liability Company; must inc	clude "Limited Liability Company," "L.L.C.," or "LLC.")
consent of the managers or managing members adopting the all Company," "L.L.C," "(LLC.")	rpose of transacting business in Florida and attach a copy of the written alternate name. The alternate name must include "Limited Liability
2. Delaware (Jurisdiction under the law of which foreign limited liability	y (FEI number, if applicable)
company is organized)	y (FEI number, if applicable)
4. 03/16/2015	S. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. (Date first transacted business in f (See sections 608.501 & 608.502 F.	P.S. to determine penalty liability)
7. c/o Dune Real Estate Partners LP, 623 Fifth Avenue,	e, 30th Floor, New York, NY 10022
	<u> </u>
(Street Addres	ess of Principal Office)
8. If limited liability company is a manager-manage	ed company, check here
9. The name and usual business addresses of the ma	anaging members or managers are as follows:
DHW Miami LLC - Managing Member - c/o Dune Re	eal Estate Pariners LP, 623 Fifth Avenue, 30th Floor
New York,	c, NY 10022
the jurisdiction under the law of which it is organized. (A photos translation of the certificate under eath of the translator must be start.) 11. Nature of business or purposes to be conducted property.	or promoted in Florida: Own and operate real
_	authorized representative of a member.
penalties of perjury that the facts stated herein are	execution of this document constitutes an affirmation under the e true. I am aware that any false information submitted in a utes a third degree felony as provided for in s.817.155, F.S.)

* Michael D. Sherman, as General Counsel of DREF III MIA LLC, member of DHW Miami LLC, managing member of 3900 NW LLC

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

lf unavailable	TALLA	
2. The name	and the Florida street address of the registered agent and office are:	R 27
	CT Corporation System	PH C
	(Name)	FOUND FLATE FLATE
	1200 South Pine Island Road	φ π.CΩ Κ
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Plantation 33324	
	City/State/Zip	

lating 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 608, Florida Statutes.

CT Corporation System	;,		* 4.
Ву:	<u> </u>	. 77	_ ,
	(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 .

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "3900 NW 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 TWENTY-SEVENTH DAY OF APRIL, A.D. 2015.

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

5710585 8300

150572434

AUTHENTY CATION: 2325982

DATE: 04-27-15

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