

3/19/2018

Division of Corporations

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company
DILLER SCOFIDIO + RENFRO LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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Electronic Filing Menu

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Help

MAR 20 2018
J. HARRIS

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:

1. DILLER SCOFIDIO + RENFRO 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. NEW YORK 3. 13-4180468
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration. See sections 605.0901 & 605.0902, F.S. to determine penalty liability)

5. 601 W 26th St Rm 1815 6. 601 W 26th St Rm 1815
(Street Address of Principal Office) (Mailing Address)
New York, NY - 10001-1152 New York, NY - 10001-1152

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: C T Corporation System Denise Bell Denise Bell, Asst Manager
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Member/Manager	Charles H. Renfro 252 East 30th Street Apt. 10A New York NY 10001	Member/Manager	Elizabeth Diller 115 East Ninth Street New York, NY 10003
Member/Manager	Ricardo M. Scofidio 115 East Ninth Street New York, NY 10003	Member/Manager	Benjamin T. Gilmartin 96 Schemmhorn Street Apt. 9F Brooklyn NY 11201

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I 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.

Charles Renfro
Signature of authorized person
Charles Renfro
Typed or printed name of signer

**State of New York
Department of State } ss:**

I hereby certify, that DILLER + SCOFIDIO LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/19/2001, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment DILLER + SCOFIDIO LLC, changing its name to DILLER SCOFIDIO + RENPRO LLC, was filed 04/13/2005.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 15th day of March
two thousand and eighteen.*



Brendan W. Fitzgerald
Executive Deputy Secretary of State