M48000001363

C.J. Corporation System		•
Requestor's Name 660 East Jefferson St	reet	
Address Tallahassee, FL 3230	1	4000026916847 -11/19/9801065007
City State Zip	Phone	-11/19/9801065007 ****285.00 ****285.00
CORPORATION	N(S) NAME	
		4000026916847
		*******8.75 ******8.75
City Place Townhows	0,66	
		1 1 4
() Profit () NonProfit ← Limited Liability Company	() Amendment	() Merger
Foreign	() Dissolution/W	
() Limited Partnership () Reinstatement () Limited Liability Partner () Certified Copy	() Annual Repor () Reservation ship () Photo Copies	() Change of R.A. () Fictitious Name
() Call When Ready (S) Walk In () Mail Out	() Call if Probler () Will Wait	
Name Availability Document Examiner Updater Verifier Acknowledgment	11/19/98	PLEASE RETURN EXTRA COER FILED STATE FILE STAMPED OF CERPTRATIONS THANKS JOEY PLEASE RETURN EXTRA COER FILED FILE STAMPED OF CERPTRATIONS THANKS JOEY PLEASE RETURN EXTRA COER FILED

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of foreign limited liability cor company" or their abbreviations "L.L 2. Delaware	.C." or "L.C." if	I with the words "limited liability or not so contained in the name at pre	ompany" or "limite esent.)	:d	
(Jurisdiction under the law of which company is organized)	foreign limited	liability (FEI number, if ap	pplicable)		
4 October 23, 1998 (Date of Organization)	5	December 31, 2058 (Duration: Year limited liability cease to exist or "perpetual")	company will	<u></u>	
6. November 17, 1998 (Date first transacted by	usiness in Floric	da. (See sections 608.501, 608.502	and 817.155, F.S.)		
7 625 Madison Avenue, New Yo	rk, NY 100	022			
	(Street add	dress of principal office)			-
3. List name, title, and business add will manage the foreign limited NAME & ADDRESS:	dress of each	managing member [MGRM] o	r manager [MGF onal page if neces	R] who ssary)	-
will manage the foreign limited	dress of each a liability comp	managing member [MGRM] or pany in Florida: (attach additio	onal page if neces	R] who ssary)	-
NAME & ADDRESS:	dress of each a liability comp	managing member [MGRM] or pany in Florida: (attach additio	onal page if neces	R] who ssary)	-
NAME & ADDRESS: CityPlace Residential, G.P.	dress of each a liability comp	managing member [MGRM] or pany in Florida: (attach additio	onal page if neces	R] who ssary)	
NAME & ADDRESS: CityPlace Residential, G.P. 625 Madison Avenue,	dress of each a liability comp	managing member [MGRM] or pany in Florida: (attach additio	onal page if neces	R] who ssary)	DIVISION
NAME & ADDRESS: CityPlace Residential, G.P. 625 Madison Avenue,	dress of each a liability comp	managing member [MGRM] or pany in Florida: (attach additio	onal page if neces	ssary)	SECRETARY OF SECRE

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A hotocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CITYPLACE TOWNHOUSE, L.L.C." IS

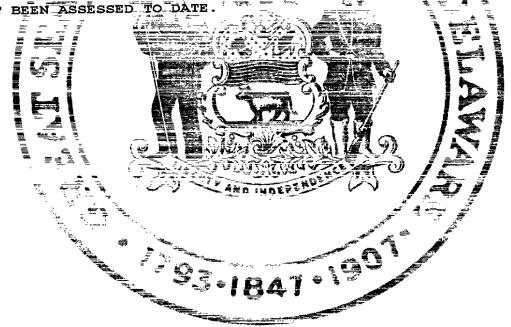
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF NOVEMBER, A.D.

1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE



98 WOY 19 PM 2: 04



Edward J. Freel, Secretary of State

AUTHENTICATION:

9413249

DATE:

11-18-98

2958879 8300

981444164

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.

The name of the Limited Liability Company is:
CityPlace Townhouse, L.L.C.
The name and the Florida street address of the registered agent and office are:
C T CORPORATION SYSTEM (Name)
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.

C T CORPORATION SYSTEM

(Signature)

CHARLES W. MEYER

ECCIAL ASST. SECRETARY

Filing Fee: \$35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

ın	te undersigned member or authorized representative of a member of CityPlace Tox	wnhouse,
Ţ	certifies:	
1)	the above named limited liability company has at least two members;	
2)	the total amount of cash contributed by the member(s) is	\$ <u>100.00</u> ;
	if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.) and	\$ <u>Ø</u> ;
4)	the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)	<u>\$1∞.∞</u>
	Signature of a member or authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	r.
	Marty Burger	
	Typed or printed name of signee	

Filing Fee: \$250.00 for Application and Affidavit

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 NOV 1 9 PM 2: 01.