

Florida Department of State

Division of Corporations
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Division of Corporations

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From:

Account Name : HOLLAND & KNIGHT OF MIAMI

Account Number : 072203000603 Phone : (305)374-8500 Fax Number : (305)789-7799 9 1.3 1 28 F.11

FOREIGN LIMITED LIABILITY COMPANY

ACP CYPRESS I LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$337.50

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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:

fame of foreign limited liability company must be contained in the name at present.)			
Delaware prisdiction under the law of which foreign lime propany is organized)	3. ited liability	Applied for (FEI number, if applicable)	
05/10/99 (Date of Organization)	5	Perpetual (Duration: Year limited liability company	y will cease to
		exist or "perpetual")	99 IS
Upon Filing (Date first transacted business i	n Florida. (Sec se	ections 608,501, 608,502, and 817,155, F.S	シェ
701 Brickell Avenue, Suite 3	000	Į.	8 CN P
Miami, FL 33131	(Street address of	principal office)	
ist name, title, and business address of ill manage the foreign limited liability	each managir company in F	g member[MGRM] or manager[MC lorida: (attach additional page if nec	GR]who "essary)
ist name, title, and business address of ill manage the foreign limited liability NAME & ADDRESS:	each managir company in F	g member[MGRM] or manager[MC lorida: (attach additional page if nec NAME & ADDRESS:	GR]who cessary) TITLE:
ill manage the foreign limited liability	company in F	lorida: (attach additional page if nec	essary)
ill manage the foreign limited liability NAME & ADDRESS:	company in F TTTLE: Managing M	lorida: (attach additional page if nec	essary)
ill manage the foreign limited liability NAME & ADDRESS: ACP_Cypress_Office_LLC	company in F TTTLE: Managing M	lorida: (attach additional page if nec	essary)
ill manage the foreign limited liability NAME & ADDRESS: ACP Cypress Office LLC 701 Brickell Ave., Ste. 3	company in F TTTLE: Managing M	lorida: (attach additional page if nec	essary)
ill manage the foreign limited liability NAME & ADDRESS: ACP Cypress Office LLC 701 Brickell Ave., Ste. 3	company in F TTTLE: Managing M	lorida: (attach additional page if nec	essary)
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language attanslation of the certificate under cash of the translator must be submitted.)

Stuart K. Hoffman Esq., FLA BAR #: 0186851
Holland & Knight 305-374-8500

701 Brickell Ave Ste 3000 fax: 305-789-7799
Miami, FL 33131

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned me	mber or authorized represen	ntative of a member of		
ACP Cypress I	ILC	certifies:		
1) the above named	limited liability company h	as at least one member;		
2) the total amount	of cash contributed by the n	nember(s) is	\$ 100.0	0;
3) if any, the agreed (A description of	value of property other that the property is attached and	n cash contributed by member(s) is it made a part hereto.)	\$ <u> </u>	*
and 4) the total amount by member(s) is		nited and anticipated to be contributed	\$ <u>100</u> -0	0
		cul I	99	DIVIS
Q	in accordance with section 608.4	n authorized representative of a mem 08(3), Florida Statutes, the execution of this n under the penalties of perjury that the facts	ber. 1728 PM	CRETARY O
8	Stuart K. Hoffman		30) F STATE PORATION
	Type	d or printed name of signee		CO

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Filing Fee: \$250.00 for Application and Affidavit

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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:	
ACP CYPRESS I LLC		
2. The name and the Florida street add	dress of the registered agent and office are:	
<u>Intrastate Regi</u>	istered Agent Corporation (Name)	BIVISION 99 MAY
701 Brickell Av	ve., Ste. 3000 eet address (P.O. Box NOT ACCEPTABLE)	FILED FIARY OF OF CORP Y 28 PM
Miami,	FL 33131	STATE ORATIONS
	City/State/Zip	ω>

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.

INTRASTATE REGISTERED AGENT CORPORATION

(Signature)

Steven H. Hagen Vice President

Filing Fee: \$ 35 for Designation of Registered Agent

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State of Delaware

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACP CYPRESS I 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 MAY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACP CYPRESS I LLC" WAS FORMED ON THE TENTH DAY OF MAY, A.D. 1999.

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

DIVISION OF CORPORATIONS

99 MAY 28 PM 1: 32



Edward J. Freel, Secretary of State

AUTHENTICATION:

9772728

DATE:

05-27-99

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