	DDDC	100864
ocument Number Only		
C T CORPORATION SYSTEM		000002901050
Requestor's Name 660 East Jefferson Street Address <u>Tallahassee</u> , Florida 3230 City State Zip 904 CORPORATIO	Phone 1_222-1092	000002901050 -06/10/9901060020 *****215.00 *****215.0
Harbour Pe	sine LL.C.	Since and the second se
() Profit () NonProfit () Limited Liability Compar	() Amendment	() Merger 32 Marter
() Profit () NonProfit Ø Limited Lizbility Compar Ø Foreign	() Dissolution/W	Aithdrawal () Mark N 등
() NonProfit <u>() Limited Liability Compar</u> () Foreign () Limited Partnership () Reinstatement	() Dissolution/W () Annual Repor () Reservation	Aithdrawal () Mark N GH
() NonProfit <u>X</u> Limited Lizbility Compar X Foreign	() Dissolution/W () Annual Repor () Reservation	Althdrawal () Mark N GH rt () Other () Change of R.A. () Fictitious Name S () CUS/ G/S
<ul> <li>() NonProfit</li> <li>() Limited Liability Compare</li> <li>() Foreign</li> <li>() Limited Partnership</li> <li>() Reinstatement</li> <li>() Limited Liability Partnership</li> </ul>	() Dissolution/W () Annual Repor () Reservation hership () Photo Copies () Call if Proble () Will Wait	Athdrawal () Mark N GH () Other () Change of R.A. () Fictitious Name s () CUS/ G/S m () After 4:30 ● Pick Up
<ul> <li>() NonProfit</li> <li>() Limited Liability Compare</li> <li>() Foreign</li> <li>() Limited Partnership</li> <li>() Reinstatement</li> <li>() Limited Liability Partnet</li> <li>() Certified Copy</li> <li>() Call When Ready</li> <li>Walk In</li> </ul>	() Dissolution/W () Annual Repor () Reservation nership () Photo Copies () Call if Probles () Will Wait	Aithdrawal () Mark N GH rt () Other () Change of R.A. () Fictitious Name S () CUS/ G/S m () After 4:30 Pick Up Pick Up
() NonProfit () Limited Liability Compar () Limited Partnership () Reinstatement () Limited Liability Partr () Certified Copy () Call When Ready Walk In () Mail Out	() Dissolution/W () Annual Repor () Reservation nership () Photo Copies () Call if Proble () Will Wait	Althorawal () Mark N GH rt () Other () Change of R.A. () Fictitious Name S () CUS/ G/S M () After 4:30 Pick Up Pick Up Pick Up PIEASE RETURN EXTRA COPY(S) NSIA10 FILE STAMPED
() NonProfit () Limited Liability Compar () Foreign () Limited Partnership () Reinstatement () Limited Liability Partr () Certified Copy () Call When Ready Walk In () Mail Out Name Availability Document	() Dissolution/W () Annual Repor () Reservation <u>nership</u> () Photo Copies () Call if Problem () Will Wait VCINO13 (33557HV SNOLLY 200400 JO NO 31715 JO (NTAUN 18 62 Md 01 MD	Althorawal () Mark N GH () Other () Change of R.A. () Fictitious Name S () CUS/ G/S () After 4:30 Pick Up Pick Up Pick Up PLEASE RETURN EXTRA COPY(S) FILE STAMPED

## 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:

1.	Harbour Pointe L.L.C.
	(Name of foreign limited liability company must end with the words "limited liability company" or "limited company" or their abbreviations "L.L.C." or "L.C." if not so contained in the name at present.)
2.	Delaware 3. Applying FEI #
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
4.	3 - 26 - 99 5. December 31, 2055
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	Upon Qualification
	(Date first transacted business in Florida. (See sections 608.501, 608.502 and 817.155, F.S.)
7.	625 Madison Avenue
	NY, NY 10022
	(Street address of principal office)
8.	List name, title, and business address of each managing member [MGRM] or manager [MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary)
	NAME & ADDRESS: TITLE: NAME & ADDRESS: TITLE:

David Levine	MERM	John Sokolovic	MG RM	
625 Madison Avenue	_	625 Madison Avenue	66 IMIO	
NY, NY 10022		NY, NY 10022		· · ·
Diane Mayes	MERM		JUN 1 (	FI
625 Madison Avenue		· · · ·	O PH	
NY, NY 10022	_	· · · · · · · · · · · · · · · · · ·		E.
Edward W. Marron Jr.	MGRM	Dan Nussbaum	MGRM 32	124 F
625 Madison Avenue		625 Madison Avenue	·	
NY, NY 10022		NY, NY 10022		

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 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.)

1 20 1

### AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

TI	e undersigned member or authorized representative of a member of <u>Harbour</u>	Pointe L.L.C.
-	certifies:	
1)	the above named limited liability company has at least one member;	
2)	the total amount of cash contributed by the member(s) is	\$ <u>1,000.00</u> ;
3)	if any, the agreed value of property other than cash contributed by member(s) (A description of the property is attached and made a part hereto.) and	) is \$;
4)	the total amount of cash and property contributed and anticipated to be contriby member(s) is (This total includes amounts from 2 and 3 above.)	buted \$_ <u>1,000.00</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.)	99 JUN 10 PH	SECRETARY OF ST	
Daniel Nussbaum	يب	AA	

# Filing Fee: \$250.00 for Application and Affidavit

#### 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.

1. The name of the Limited Liability Company is:

Harbour Pointe L.L.C.

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System

(Name)

1200 South Pine 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.

C T Corporation System

Marles W

(Signature) CHARLES W. MEYER ASSISTANT SECRETARY

01 NUL 66	SECRE TAI
$\circ$	020
PM 3: 32	FILED TARY OF STATE OF CORPORATIONS

<u>.</u>-

Filing Fee: \$35 for Designation of Registered Agent

## State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HARBOUR POINTE 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 EAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF APRIL, A.D. 1999.

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

10 PM 3: 32



Edward J. Freel, Secretary of State 9677788

DATE:

AUTHENTICATION:

04-09-99

PAGE

1

3022660 8300

991138725