

ACCOUNT NO.

072100000032

REFERENCE : 303494

4300123

AUTHORIZATION :

COST LIMIT

ORDER DATE : July 12, 1999

ORDER TIME : 2:35 PM

ORDER NO. : 303494-020

CUSTOMER NO: 4300123

200002944352

CUSTOMER: Ms. Claudia A. Natali

Battle Fowler Llp 75 East 55th Street Park Avenue Tower New York, NY 10022

FOREIGN FILINGS

3MS OF SOUTH BEACH LLC

QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

XX PLAIN STAMPED COPY

___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 2, 1999

CSC

SUBJECT: 3MS OF SOUTH BEACH LLC

Ref. Number: W99000017513

We have received your document for 3MS OF SOUTH BEACH LLC and the authorization to debit your account in the amount of \$285.00. However, the document has not been filed and is being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan Document Specialist

Letter Number: 699A00039034



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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:

* *	H LLC		
(Name of foreign limited liability company" or their abbreviations "l	company must end L.L.C." or "L.C." if	with the words "limited liability not so contained in the name at p	company" or "limited resent.)
2. DELAWARE		3N/A	
(Jurisdiction under the law of whicompany is organized)	ch foreign limited	liability (FEI number, if	applicable)
4. <u>JUNE</u> 8, 1999	5		
(Date of Organization	on)	(Duration: Year limited liabilit cease to exist or "perpetual")	y company will
6. JULY 27 , 1999			
(Date first transacted	d business in Flori	da. (See sections 608.501, 608.50	2 and 817.155, F.S.)
7. <u>415 Madiso</u>	n Avenue, l	Oth Fl., New York, N	Y 10017
	(Street add	dress of principal office)	· · · · · · · · · · · · · · · · · · ·
8. List name, title, and business will manage the foreign limit	address of each ed liability comp	managing member [MGRM] pany in Florida: (attach addit	or manager [MGR] who ional page if necessary)
NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
NAME & ADDRESS: NASH RESTAURANT ASSOCIATES I		NAME & ADDRESS:	TITLE:
		NAME & ADDRESS:	TITLE:
NASH RESTAURANT ASSOCIATES I	ic mgr_	NAME & ADDRESS:	
NASH RESTAURANT ASSOCIATES I	ic mgr_	NAME & ADDRESS:	TITLE: SECRI
NASH RESTAURANT ASSOCIATES I DAVID BERDON & COMPANY 415 Madison Ave., 10th F	ic mgr_	NAME & ADDRESS:	99 JUL
NASH RESTAURANT ASSOCIATES I DAVID BERDON & COMPANY 415 Madison Ave., 10th F	ic mgr_	NAME & ADDRESS:	99 JUL 28 SECRETARY TALLAHASSE
NASH RESTAURANT ASSOCIATES I DAVID BERDON & COMPANY 415 Madison Ave., 10th F	ic mgr_	NAME & ADDRESS:	FILE C 99 JUL 28 PM SECKETARY OF TALLAMASSEE, F
NASH RESTAURANT ASSOCIATES I DAVID BERDON & COMPANY 415 Madison Ave., 10th F	ic mgr_	NAME & ADDRESS:	FILE C 99 JUL 28 PM SECKETARY OF TALLAMASSEE, F
NASH RESTAURANT ASSOCIATES I DAVID BERDON & COMPANY 415 Madison Ave., 10th F	ic mgr_	NAME & ADDRESS:	99 JUL 28 SECRETARY TALLAHASSE
NASH RESTAURANT ASSOCIATES I DAVID BERDON & COMPANY 415 Madison Ave., 10th F	ic mgr_	NAME & ADDRESS:	FILE C 99 JUL 28 PM SECKETARY OF TALLAMASSEE, F

^{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.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The member or authorized representative of a member of 3Ms OF SOI	JTH
BEACH LLC 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>\$10,000.00</u> ;
3) if any, the agreed value of property other than cash contributed by mamber(s) is (A description of the property is attached and made a part hereto.) and	\$;
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.)	\$10°,000::00.
Signature of a manufactured representative of a manufactured	
Signature of a dismiser or an authorized representative of a memi- (in accordance with section 603.408(3), Florida Statutes, the execution of this affidavir constitutes on affirmation under the penalties of perjuty that the facts stated herein are true.)	zer.
Michael Freundlich	
Typed or printed name of signee	

Filing Fee: \$250.00 for Application and Affidavit

99 JUL 28 PM 3: 39
SECRETARY OF STATE
ALLAHASSEE, ELORIDA

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:

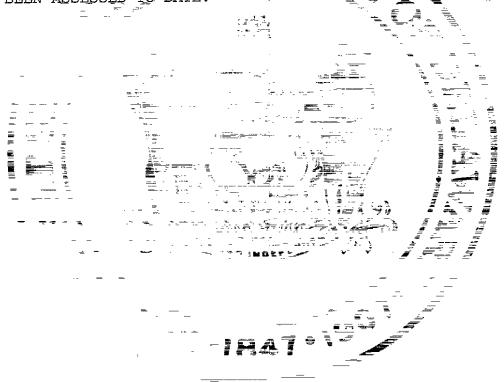
12	(Name)	
	nays Street	
	Florida street address (P.O. Box NOT ACCEPTABLE)	
Ta	Llahassee FL 32301 City/State/Zip	c

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 "3MS OF SOUTH BEACH 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 TWELFTH DAY OF JULY, A.D. 1999.

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



3053738 8300 991282975



9858089 \$7-12-99

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: