

ACCOUNT NO.

REFERENCE

:347111 ...

4813885

COST LIMIT

ORDER DATE: August 19, 1999

ORDER TIME : 12:33 PM

ORDER NO. : 347111-010

CUSTOMER NO: 4813885

CUSTOMER: Ken Wagner, Legal Asst

Newman Tannenbaum Helpern

900 Third Avenue

13th Floor

New York, NY 10022-4775

FOREIGN FILINGS

NAME: SOBE RETAIL I, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

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:

| TED LIABILITY CC | OMPANY TO TRANSACT BUSI | | | | | | | |
|--|--|---------------------------------------|---------|--|--------------|------------|---------------------------------|---------------|
| | | RETAIL | | | | , | | |
| Vame of foreign ling contained in the r | nited liability company must en ame at present.) | end with the | e word | ls "limited company" or the | ir abbreviat | ion "L.C | " if not | |
| Delaware | | | 3. | Applied For | | | | |
| urisdiction under the ompany is organize | ne law of which foreign limited) | ed liability | _ | (FEI number, i | if applicabl | e) | | · |
| August 10 | 5, 1999 | | 5. | December 31, | | | - | |
| (Date | of Organization) | | | (Duration: Year limited lial exist or "perpetual") | bility comp | any will o | cease to | ··· |
| Upon Qua | Lification te first transacted business in l | The de (Ce | | Sono 600 501 600 500 and | 1017155 T | 261 | <u>-</u> | |
| (Dai | e first transacted business in i | Fiorida. (Se | ee sect | tions 608.501, 608.502, and | 1 017.133, 1 | ·.s.) | | |
| c/o McCar | nn Inc. | | | - | | | | : |
| 4.0.74 | | 40.1 | - | AT XZ. Z. AT XZ | -1- 10000 | | | |
| 1271 Ave | nue of the Americas, | | | rincipal office) | rk 10020 | , | | |
| | nd business address of ea oreign limited liability co | | | | | | | |
| ll manage the f | oreign limited liability co | | | | page if n | | y) | |
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| II manage the f NAME Will c/o | oreign limited liability co | ompany ii TITLE: MGRM | | rida: (attach additional | page if n | ecessar | y) | |
| Il manage the f NAME Wil c/o Deve | oreign limited liability co E & ADDRESS: Liam K. Madden McCann Real Equitie | ompany ii TITLE: MGRM | | rida: (attach additional | page if n | ecessar | y) LE: | |
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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.)

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 | of the Limited Liability Com | pany is: | | | ٠ |
|----------------|--|---------------------------------|-------------------------|-----------|---------------------------------------|
| | SOBE RETAIL I | , LLC | | | · . |
| 2. The name a | and the Florida street address | s of the registere | ed agent and off | fice are: | |
| | Grove Miami Holdino | gs, Inc.; C/C (Name) | Ron Alfiere | <u> </u> | . · · · · · |
| • | 2700 Tigertail Aver Florida street ad | nue dress (P.O. Box <u>N</u> | I <u>OT</u> ACCEPTABLE) | · · | |
| | Coconut Grove | FL City/State/Z | 33133 ip | | · · · · · · · · · · · · · · · · · · · |
| | | | | | |

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.

(Signature)
Bruce Fahey, President/Agent

Filing Fee: \$ 35 for Designation of Registered Agent

FILED 99 AUG 20 PM 3:

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

| The undersigned member or authorized representative of a member of | |
|---|---------------------------------------|
| SOBE RETAIL I, LLCcertifies: | |
| 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>\$ 100.00</u> ; |
| 3) 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.) | \$ - 0 - ; |
| 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.) | \$_100.00 |
| B = 1 | N : 1 |
| Signature of a member or an authorized representative of a memory (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.) | iber. |
| | · · · · · · · · · · · · · · · · · · · |
| Bruce Fahey, Member Typed or printed name of signee | AUG 20 PM 3: 59 LINASSEE, FLORIDA |
| Filing Fee: \$250.00 for Application and Affidavit | |

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOBE RETAIL 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 SEVENTEENTH DAY OF AUGUST, A.D. 1999.

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

AND INDEPENDENCE

AND INDEPENDENCE

AND INDEPENDENCE

AND INDEPENDENCE

TO DATE.



Edward J. Freel, Secretary of State

AUTHENTICATION:

9926234

991343226

8300

3084198

DATE:

08-17-99