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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: DOUGLASS/ARBOUR		
(Name of Limi	ted Liability Company)	
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited	n
Please return all correspondence concerning this m	atter to the following:	
G. STEVEN BROWN		
(Na	me of Person)	
	ALANDRINO & BROWN, P.A.	
(Fin	m/Company)	
20 N. ORANGE AVEN	JE, SUITE 600 & & & & & & & & & & & & & & & & & &	
ORLANDO, FLORIDA	AHASSI TAR	į :
(City/Sta	ite and Zip Code)	ı J
For further information concerning this matter, plea	ase call:	
G. STEVEN BROWN	_at (407) 843-5880	
(Name of Person)	(Area Code & Daytime Telephone Number)	
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\sum_\$125.00 \text{ Filing Fee} \sum_\$130.00 \text{ Filing Fee & Certificate of}\$	\$155.00 Filing Fee & \$\sumsymbol{Y}\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Co	рy

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 DOUGLASS/ARBOUR BLDG., LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writter consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. CALIFORNIA (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)
4. SEPTEMBER 1, 1998 (Date of Organization) 5. SEPTEMBER 30, 2047 (Duration: Year limited liability company will cease to exist or "perpetual")
6. NO BUSINESS HAS BEEN TRANSACTED IN FLORIDA (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 3111 SUMAC ROAD
FALLBROOK, CALIFORNIA 92028
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
JAMES A. DOUGLASS, CO-TRUSTEE OF THE DOUGLASS FAMILY TRUST, AS RESTATED, DATED SPETEMBER 8, 1982
NANCY K. DOUGLASS, CO-TRUSTEE OF THE DOUGLASS FAMILY TRUST, AS RESTATED, DATED SPETEMBER 8, 1982
BUSINESS ADDRESS FOR BOTH CO-TRUSTEES: 3111 SUMAC ROAD, FALLBROOK, CALIFORNIA 92028
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction 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.)
11. Nature of business or purposes to be conducted or promoted in Florida:
REAL ESTATE INVESTMENT
7931
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) RICHARD D. STONER, AUTHORIZED REPRESENTATIVE OF A MEMBER

Typed or printed name of signee

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 Company is:			
DOUGLA	SS/ARBOUR BLDG., LLC			-
If name unava	ilable, the alternate name to be used in the state of Florida is:			
2. The name a	and the Florida street address of the registered agent and office are:	SE TAL	08	-
	HENDRY, STONER, CALANDRINO & BROWN, P.A.	. Se		
	(Name)	HASS	08 JUN 27	
	20 N. ORANGE AVENUE, SUITE 600	RY OI	7 PM	FT
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	EF(
	ORLANDO, FL	TATE DRIDA	<u>ω</u>	

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 as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

State of California Secretary of State

CERTIFICATE OF GOOD STANDING CALIFORNIA LIMITED LIABILITY COMPANY

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the 1st day of September, 1998, DOUGLASS/ARBOUR BLDG., LLC, became recognized under the laws of the State of California by filing its Articles of Organization in this office; and

That according to the records of this office, the said limited liability company is authorized to exercise all its powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition of this limited liability company.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 20, 2008.



Jehn Bowen

DEBRA BOWEN Secretary of State