Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Account Number: 076077001702 Phone : (407)841-1200 Fax Number : (407)423-1831

Enter the email address for this business entity to be used for furnish er the email address for this business entity of a substance of the email address please.

angelicag@blackburne.com Email Address:

Foreign Limited Liability Company 2000 Tree Fork Lanc, LLC

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\$155.00

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Electronic Filing Menu

Corporate Filing Menu

Help EXAMINER

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

N COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORES	GN
IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: . 2000 TYCL FDYK-LANC, U.L.	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
·	
If name unavoilable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the write consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability	ten
Company," "L.L.C," "LLC.")	
California (Yurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4 A/N 5. perpetual	
(Date of Organization) (Date of Organization) (Duration: Year limited liability company will cease to exist or "perputual")	
6.	,
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 P.S. to determine penalty liability)	:
7. 4811 chippendale onive #101	1
Sacramento, Ct 9584 SER &	
(Street Address of Principal Office)	
(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:	
7. The hand and usual business addresses of the managing members of managers are as follows:	
Blackburne & sons Pealty Capital Corporation	
4811 chippendaleonive #101	
sacramento, ex 95841	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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.)	3 Tr1
11. Nature of business or purposes to be conducted or promoted in Florida: Peal	
Estate Holding	
angle on Downer	
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. I am aware that any false information submitted in a	
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	
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 the Limited Liability Company is:		
2000 Tree FORK Lane, LLL		
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:	2011 APR 18	, material (1)
Dean Mead Services, LLC	7/2 17/2	*****
(Name)		[7]
Dean Mead Services, LLC (Name) 800 N. Magnolia Ave., Suite 1500 Florida Street Address (P.O. Box NOT ACCEPTABLE)	STATE	
Orlando FL 32803		

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 performence 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)

Ø 004

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: 2000 TREE FORK LANE, LLC

FILE NUMBER: FORMATION DATE:

201110410208

FORMATION DATE TYPE:

04/14/2011

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

RETARY OF STATE AHASSEE. FLORIDA

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

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

DOMESTIC LIMITED LIABILITY COMPANY

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 15, 2011.

DEBRA BOWEN Secretary of State

RKS