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PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	
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D. BRUCE

JUL 1 1 2012

**EXAMINER** 

#### COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AP2012-Oakbrook, LLC Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Bu Existence, and check are submitted to register the above referenced foreign limited liability company	isiness in Florida," Certificate of ny to transact business in Florida
Please return all correspondence concerning this matter to the following:	
Giulia Chiti Block Name of Person	
Traffic Of 1 Craoli	
Health Care Navigator LLC	
Firm/Company	12 TAIL
4 West Red Oak Lane - Suite 201	
Address	AR) ASS
White Plains, NY 10604	
City/State and Zip Code	2 JUL 10 PM 12: 20 SECRETARY OF STATE ALLAHASSEELFICAL
GBlock@hcnavigator.net  E-mail address: (to be used for future annual report notification)	7
For further information concerning this matter, please call:	
Giulia Chiti Block  Name of Person  Area Code & Daytime Telephone Number	
Name of Person Area Code & Daytime Telephone Number	r
MAILING ADDRESS: Division of Corporations Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	iling Fee, Certificate & Certified Copy

### 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.	AP2012-Oakbrook, LLC	_	
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")		
co	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabi ompany," "L.L.C," "LLC.")		
2.	Delaware 3, 37-1697605	_	
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		
4.	May 9, 2012 5. Perpetual		
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	_	
6.	N/A		
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	ZAT	:
7.	AP2012-Oakbrook, LLC c/o	ECR	5
	4 Red Oak Lane, Suite 201, White Plains, NY 10604	HAS HAS	-
	(Street Address of Principal Office)	333 773	_
8,	If limited liability company is a manager-managed company, check here	DRETARY OF STALE	: :
9.	The name and usual business addresses of the managing members or managers are as follows:		$\stackrel{\sim}{=}$
	Argent Properties 2012, LLC		
	4 Red Oak Lane, Suite 201, White Plains, NY 10604		
		_	
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of re i jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a unslation of the certificate under oath of the translator must be submitted.)	cords in	
11	Nature of business or purposes to be conducted or promoted in Florida:	_	
	Real Estate Ownership		
	6 stor		
	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.)		
	Eric Roth		

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:	
AP2012-Oakbrook, LLC	<del></del>
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:	SEC TALL
Capitol Corporate Services, Inc.	JUL 10 PM CRETARY OF _AHASSEE,F
(Name)	O F SEE
155 Office Plaza Dr. Suite A	
Florida Street Address (P,O. Box NOT ACCEPTABLE)	M 12: 20 F STATE FLORIDA
Tallahassee <sub>FL</sub> 32301	ä.e
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 as provided for in Chapter 608, Florida Statutes.

Ollanie Case, asst. sec. (Signature)

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



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#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AP2012-OAKBROOK, 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 TWENTY-SIXTH DAY OF JUNE, A.D. 2012.

5152712 8300

120733579

AUTHENTICATION: 9670908

DATE: 06-26-12

You may verify this certificate online at corp.delaware.gov/authver.shtml