Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140000193853)))



From: GATL S ANDRE

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.

Account Number : 072720000036 Phone : (407)843-4600

Phone : (407)843-4600 Fax Number : (407)843-4444

PLEASE ARRANGE FILING OF THE ATTACHED APPLICATION TO TRANSACT BUSINESS AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU.

\*\*Enter the email address for this business entity to be used for future

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## Foreign Limited Liability Company 7761 MSA, LLC

RECEIVED
4 JAN 27 PM 4: 19
SECHETARY OF STATE
ALLAHASSEE, FLORIDA

Certificate of Status	0	
Certified Copy	1	
Page Count	03	
Estimated Charge	\$155.00	

JAN 28 2014 T CLINE

Electronic Filing Menu

Corporate Filing Menu

Help -

LDDKR 1/001 Fax Server Page 3

January 27, 2014

FLORIDA DEPARTMENT OF STATE Division of Corporations

GAIL ANDRE LOWNDES, DROSDICK, DOSTER

SUBJECT: 7761 MSA, LLC

REF: W14000005053

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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) 245-6051.

Tammi Cline Regulatory Specialist II FAX Aud. #: H14000019385 Letter Number: 114A00001719

January 27, 2014

Corrected. Please arrange filing with a filing date of January 24, 2014. Thank you.

14 JAN 27 PM 4:

P.O BOX 6327 - Tallahassee, Florida 32314

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGIS FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	TER A
I. 7761 MSA, 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. The alternate name must include "Lim Liability Company," "L.L.C." or "LLC.")	ited
<sub>2.</sub> Delaware 3.	
(Jurisdiction under the law of which foreign limited liability (PEI number, if applicable) company is organized)	201
4. Upon filing of this application	_
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	JAN 27
<sub>5.</sub> 8738 Lake Tibet Court	27
Orlando, Florida 32836	T.
(Street Address of Principal Office)	မှ
6 8738 Lake Tibet Court	32
Orlando, Florida 32836	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Oakstone Properties, LLC, MANAGING MEMBER	
8738 Lake Tibet Court	
Orlando, Flsorida 32836	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the offinaving 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 transmust be submitted)	
Signature of an authorized person In accordance with section 605 0203, F.S., the execution of this document obscurrer as affirmation under the possities of perjury that the facts stated homes in aware that any folse information submitted in a document to the Department of State constitutes a third degree fellony as provided for in s.817 (55, F.S.)	n ars rzue. 1
Luke S. Widmer	

Typed or printed name of signec

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

If unavailable, the alternate to be used in the state of Florida is:	2014 JAN
2. The name and the Florida street address of the registered agent and office are:	N27 8
Luke S. Widmer	
(Name)	9 32
8738 LAKE TIBET COURT	<u> </u>
Florida Street Address (P.O. Box NOT ACCEPTABLE)	

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 605, 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)

# Delaware

DAGE '

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "7761 MSA, 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-THIRD DAY OF JANUARY, A.D. 2014.

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

2014 JAN 27 AM 9×32

**5469854 83**00

140075291

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

Jeffrey W. Bullock, Secretary of State

AUTHENTACATION: 1079282

DATE: 01-23-14