

6/17/2016 9:18:21 AM From: To: 8506176383( 1/4 )

Florida Department of State  
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Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

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Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
OFP 2016 LLC

Certificate of Status	0
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2016 JUN 17 AM 9:35

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2016 JUN 17 A 9:49  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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JUN 20 2016  
J. BRUCE

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 REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. OFF 2016 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 "Limited  
Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability  
company is organized)

3. \_\_\_\_\_

(FBI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. c/o Crocker Partners

225 NE Mizner Boulevard, Suite 200, Boca Raton, FL 33432

(Street Address of Principal Office)

6. c/o Crocker Partners

225 NE Mizner Boulevard, Suite 200, Boca Raton, FL 33432

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

C T Corporation System

Office Address:

1200 South Pine Island Road

Plantation

(City)

Florida 33324

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and  
accept the obligations of my position as registered agent.

By:

C T Corporation System

Katei Warrach, Asst. Sec.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

See attached

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath  
of the translator must be submitted)

Neil B. Shater  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Neil B. Shater, Authorized Representative

Typed or printed name of signer

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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Authorized Persons Detail:

Title: MGRM

ONE FINANCIAL LLC  
225 NE Mizner Boulevard, Suite 200  
Boca Raton, FL 33432

Title: President

Crocker, Thomas J.  
c/o Crocker Partners  
225 NE Mizner Boulevard, Suite 200  
Boca Raton, FL 33432

Title: VP

Bianco, Angelo J.  
c/o Crocker Partners  
225 NE Mizner Boulevard, Suite 200  
Boca Raton, FL 33432

Title: VP

Amara, Todd J.  
c/o Crocker Partners  
225 NE Mizner Boulevard, Suite 200  
Boca Raton, FL 33432

Title: VP

Osborne, John  
c/o Crocker Partners  
225 NE Mizner Boulevard, Suite 200  
Boca Raton, FL 33432

CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OFF 2016 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 SIXTEENTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



6069773 8300

SR# 20164499674

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202505385

Date: 06-16-16