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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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J. BRYAN

SEP - 8 2009

**EXAMINER** 



BANK OF AMERICA CENTER 390 NORTH ORANGE AVENUE SUITE 1400 ORLANDO, FL 32801 TELEPHONE: 407.839.4200 FACSIMILE: 407.425.8377 WWW.BROADANDCASSEL.COM

ANTHONY W. PALMA, P.A. DIRECT LINE: (407) 839-4224 DIRECT FACSIMILE: (407) 650-0934 EMAIL: APALMA@BROADANDCASSEL.COM

September 2, 2009

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: Oasis of Orlando Limited Partnership

Dear Sir/Madam:

Enclosed for filing, please find the original and one (1) copy of the proposed Application by Foreign Limited Partnership or Limited Liability Limited Partnership to Transact Business in Florida for Oasis of Orlando Limited Partnership. Also enclosed is the filing fee of \$1,000.0 represented by check 5125. Please return a filed copy of the enclosed to the undersigned at your earliest convenience. Thank you.

Sincerely,

Helen Brock Ford

Paralegal

/hbf

Enclosures -

Ce: Mr. Paul A. Williamson

## **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJECT: Oasis of Orlando I  Name of Foreign Limited Partn					nership		-
The enclosed application, certificate of stat limited partnership or limited liability limit Please return all correspondence concerning	ed parti	nership t	o trans				
Helen Ford, Parlegal				,			
Contact Person			_	'			
Broad and Cassel						7	
Firm/Company 390 N. Orange Avenue, Suite 1400		_		מנראוו	SECRE	09 SEP -4 PH 12: 55	
Address			_		į	λ K K	1
Orlando, Florida 32801					ř	# <u> </u>	2
City, State and Zip Code					į	EST UST	<u>2</u>
						至至	ĊΊ
E-mail address: (to be used for future annual r	eport no	tification)	_		•	Σ. ⊃w	Ų,
For further information concerning this ma	itter, ple	ease call	:				
	at (	407	\ 48	1 52	222		
Name of Contact Person		Area Cod	e and Da	ytime Telepl	hone Num	ber	-
Enclosed is a check for the following amou	ınt:						
\$\\$\\$1,000.00 Filing Fees  \$\sum \$1,008.75 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$\\$\\$		052.50 Fil ertified Co		\$1,061. Certified Certificate	Copy, and		
STREET ADDRESS:		MAII	LING A	ADDRESS	<b>5:</b>		
Registration Section							
Division of Corporations	Division of Corporations						
Clifton Building				•			
2661 Executive Center Circle Tallahassee, F		FL 32314					

Tallahassee, FL 32301

## APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

	If name unavailable, name under which the limited partnership or limited liability limited partnership		
	proposes to register to transact business in Florida; must contain acceptable suffix.		
2	Nevada 3. May 14, 2004	_	
	State or Country of Formation Date of Formation		
4	Paul A. Williamson		
	Name of Registered Agent for Service of Process	•	
5.	151 Southhall Lane, Suite 10		
J	Florida street address for Registered Agent		
	Maitland, Florida 32751		
	I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to	,	
cor	mply with the provisions of all statutes relative to the proper and complete performance of my duties of d I am familiar with an accept the obligations of my position as registered agent.  Signature of Registered Agent  151 Southhall Lane, Suite 101	09 SEP -4 PH 12	
cor	mply with the provisions of all statutes relative to the proper and complete performance of my duttered at I am familiar with an accept the obligations of my position as registered agent.  Signature of Registered Agent	¥-438	

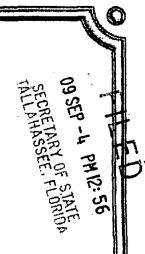
Same as principal			
(Mailing	address)		
Name, principal office address, and mail	ing address of each general partner:		
Paul A. Williamson Family	151 Southhall Lane, Suite 10	1	
Paul A. Williamson, Truste	e Maitland, Street, Add 19751		
	Mailing Address		
Name	Street Address		
	Mailing Address	09	
Name	Street Address AAR SST	1- 43S	
	Mailing Address PATE	OH 12: 55	כ
Name	Street Address		
<b>,</b>	Mailing Address		
	Name, principal office address, and mail  Paul A. Williamson Family  Trust dated 4/15/04  Name  Paul A. Williamson, Trust	Name Street Address  Name Street Address	Name Street Address  Name Street Address

Page 2 of 3

	·
Name	Street Address
	Mailing Address
Name	Street Address
	Mailing Address Shy
	STATE STATE
11. Effective date, if other than the date of fi	ling:n/a
filed by the Florida Department of St.  12. Attached is a certificate of exister to the delivery of this application to the delivery of the delivery of this application to the delivery of the de	nce duly authenticated, not more than 90 days prior the Florida Department of State, by the Secretary of
State or other official having custody law of which it is organized.	of the entity's records in the jurisdiction under the
Signed this 26 <sup>K</sup> day o	f August ,20 09.
Signature f a general partner:  Paul A, Williamson, Tru	ustaa
of the Paul A. Williams Family Trust dated 4/15	on
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$ 52.50 \$ 8.75

SECRETARY OF STATE





## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, OASIS OF ORLANDO LIMITED PARTNERSHIP, as a limited partnership duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 14, 2004, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my

office on September 2, 2009.

ROSS MILLER Secretary of State

Electronic Certificate
Certificate Number: C20090902-0704
You may verify this electronic certificate
online at http://www.nvsos.gov/