Page 1 of 1

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

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.

(((H03000331545 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phoze

: (850)222-1092

Fax Number

: (850)222-9426

FOREIGN LIMITED LIABILITY COMPANY

One Enterprise Financial Associates, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

PERSONAL PRINCIPLE

Comerts Filing

Public Arrage Vale

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

	GISTER A FOREIGN LIMITED LIABILITY COMPAN ORIDA:			
١.	One Enterprise Financial			
	(Name of foreign lim	ited lis	bility company)	
2.	Delaware	3.	(FEI number, if applicable)	
	(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)	
4.	November 20, 2003	5.	perpensal (Duration: Year limited liability company will cease	<u> </u>
	(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	
6.	Upon qualification			
	(Date first transacted business in Florida. (See se	ctions (08.501, 608.502, and 817.155, F.S.)	
7	555 East Main Street, 17th Floor			
′ -	and transfer and the same			FSI S
_	Norfolk, VA 23510 (Street address of			
	(Street address of	ոլ հերոշդե	ri ozirce)	岩兰
8.	If limited liability company is a manager-ma	unaged	company, check here: YES	第5
^	779			E.C.
Э.	The name and usual business addresses of the m	anagru	members of managers are as follows.	70
	OEFA Managing Co., LLC			중
	555 East Main Street, 17th Floor			77
	Norfolk, VA 23510			
10.	Attached is an original certificate of existence, n	o more	than 90 days old, duly authenticated by	the
	official having custody of records in the jurisdict	tion un	der the law of which it is organized. (A	
	photocopy is not acceptable. If the certificate is i	n a for	eign language, a translation of the certif	icate
	under eath of the translator must be submitted.)			
11.	Nature of business or purposes to be conduct	ted or	promoted in Florida:	
	real estate ownership			
	<i>K</i> .			
	Stronger of a series of			
	Signature of a member or an auth- (in accordance with section 608.408(3), F.S	OMZ CO S., the ex	representative of a member.	
	En affirmation under the penalties of pe	rium tha	the facts stated herein are true)	

Jordan E. Slone, Manager of OEFA Managing Co., LLC

The Manager of One Enterprise Financial Associates LLC

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 LINDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

One E	nterprise Financial Associates, LLC	~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
. The name and the Florida street	address of the registered agent and office are	ب أسهم
CT Corporation System	<u>1</u>	ASSEE OF
	(Name)	For
c/o C T Corporation Sy	stem, 1200 South Pine Island Road	Jan
Florida s	treet address (P.O. Box NOT ACCEPTABLE)	
	·	
Plantation	FL 33324	
	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, F.S.

C T Corporation System

Judith B. Argao Asst, Secretary & V. President

1 The name of the I imited I ishility Company is:

\$ 100.00 Filing Fee for Application

S 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

C T CORPORATION SYSTEM DC

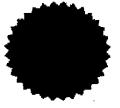
202 393 1760 F.07/16

PAGE 1

Delaware The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ONE ENTERPRISE FINANCIAL ASSOCIATES, 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 TRIPD DAY OF DECEMBER, A.D. 2003.

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



Warriet Smith Mindson, Secretary of State

AUTHENTICATION: 2784426

DATE: 12-03-09