

MO4000001478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

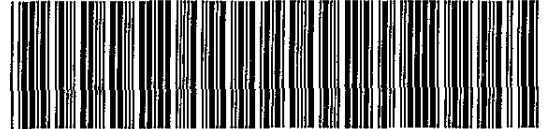
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA

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MO4-1478
QR

TAX BUSINESS FINANCIAL



2151 East Broadway
Suite 111
Tempe, AZ 85282

Phone: (480) 467-4400
Facsimile: (480) 467-4444
www.dkadvisors.com

April 5, 2004

Florida Corporation Commission
409 E. Gaines Street
Tallahassee, FL 32399

RE: Anacapa Holdings, LLC

Dear Customer Service:

Enclosed are the forms, Application for Authority to Transact Business and Certificate of Good Standing from Nevada, for registering Anacapa Holdings, LLC in the State of Florida. I have also enclosed a check in the amount of \$125.00.

Please return a filed copy to our office.

Please call with any questions.

Best Regards

A handwritten signature in black ink, appearing to read "Deborah J. Niederberger". The signature is written in a cursive, flowing style.

Deborah J. Niederberger
Phone: 480-467-4400
Fax: 480-467-4444
e-mail: debbie.niederberger@dkadvisors.com

Enclosures

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TALLAHASSEE, FLORIDA

04 APR 12 PM 1:35

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

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Anacapa Holdings, LLC
(Name of foreign limited liability company)
2. Nevada
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-0665931
(FEI number, if applicable)
4. January 16, 2004
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. March 1, 2004
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. _____
2248 Meridian Blvd., Suite H Minden, NV 89423
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐
9. The name and usual business addresses of the managing members or managers are as follows:


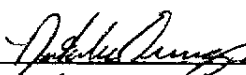
The Owings Family Trust

9767 Via Pavia

Burbank, CA 91504

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____
Real Estate Rental

 
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.)

PATRICK OWINGS NATALIE OWINGS
Typed or printed name of signee

FILED
04 APR 12 PM 1:33
CLERK OF STATE
TALLAHASSEE FLORIDA

**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:

Anacapa Holdings, LLC

2. The name and the Florida street address of the registered agent and office are:

Paracorp Incorporated

(Name)

236 E. 6th Avenue

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee, FL 32303

FL
(City/State/Zip)

FILED
TALLAHASSEE, FLORIDA

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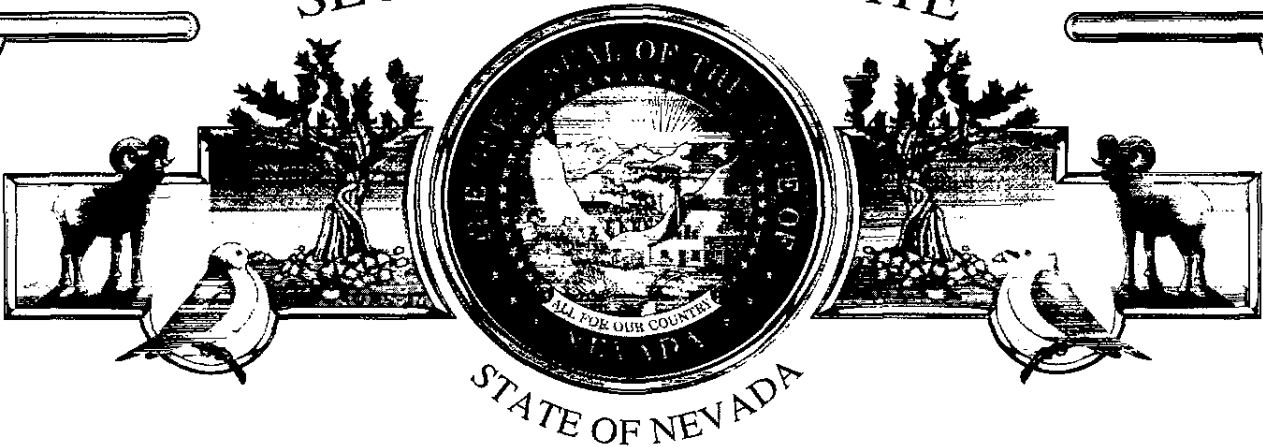
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.



(Signature)
DENISE ZOLLNER ASSISTANT SECRETARY OF
PARACORP INCORPORATED

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

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, 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 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, **ANACAPA HOLDINGS, LLC**, as a limited-liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 16, 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, in Carson City, Nevada, on March 26, 2004.



Dean Heller

DEAN HELLER
Secretary of State

By

Joann Dixon

Certification Clerk