M04000004064

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ECRETARY OF STATE
TABLESEFF FLORIDA

1: 18

MOU-4064

TRANSMITTAL LETTER

TO: Registration Section Division of Corporation			- ·	
SUBJECT: Oa	(Name of Limit	Managemen ed Liability Company)	t, LLC	
The enclosed "Application Florida," Certificate of Ex liability company to transa	istence, and check are sub			
Please return all correspon	dence concerning this ma	atter to the following:		
	Lore Ha (Nam	O (On nor— ne of Person)	<u>. </u>	
<u>Oak</u>	tree Asset (Firm	Maragement	; LC	
30 h	Pall Street	Ste. 12 Address)	03	
	V. Y. D. Y. (City/Sta)	/0005 te and Zip Code)	SECR	3S 40
For further information co Lore Ha C (Na	ncerning this matter, plea) ((Mae — me of Person)		9-6746 (Simpler)	FILED 04 SEP 27 FM 1: 18
STREET ADDRE Registration Section Division of Corport 409 E. Gaines Stre Tallahassee, Florid	n ations et	MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, Flo	tion porations	
Enclosed is a check for the	e following amount:			
E \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of S	□ \$155.00 Filing Fee & tatus Certified Copy	☐ \$160.00 Filing Fee, Cert of Status & Cer	

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

	IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOLLOWING IS SUBMITTED TO REGISTER A FOLLOWING IS SUBMITTED TO REGISTER A FO	OREIG	N
	1. Oaktree Asset Management LLC (Name of Foreign Limited Liability Company)	_	
	(Name of Foreign Limited Liability Company) 2	.	
	4. (Date of Organization) 5. Verpetual (Duration: Year limited liability company will cease to exist or "perpetual")	•	
	6. July 2004 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		
	7. 902 Clint Moore Rd. Suite 116		
	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:		
	DAVID Bottoms 30 WAIST.	1	
	Jack Orben 30WALIST	SEP	
	John Pinn. 30 WAIST.	27	
•	10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recommendation under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign large rice, a translation of the certificate under cash of the translator must be submitted.)	ordsin	Ü
	11. Nature of business or purposes to be conducted or promoted in Florida:	01	
		•	
	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.)		
	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 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:
	OAKtrue Asset Management LLC
2.	The name and the Florida street address of the registered agent and office are:
	DAVID Bottoms
	902 CINT Moore ROAD Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Boca-Raton, FL 33487 City/State/Zip
На	wing been named as registered agent and to accept service of process for the above stated lim

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 statites 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, 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)



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PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OAKTREE ASSET MANAGEMENT, 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 SEPTEMBER, A.D. 2004.

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



3772350 8300

Warriet Smith Windson, Secretary of State

AUTHENTICATION: 3354608

040670015 DATE: 09-16-04