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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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PILILIA 2005 APR 19 PM 3: 23 PART ALLASSEE, FLORIDA

J. BAYMAN APR 1 9 2005

#### **CT** CORPORATION

April 19, 2005

Department of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 6346963 SO Customer Reference 1: Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

SP Live Oak LLC (WA) Registration Florida

SP Live Oak LLC (WA) Certificate of Status-Domestic Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell Fulfillment Specialist Ashley\_Mitchell@cch-lis.com

660 East Jefferson Street Tallahassee, Ft. 32301 Tel 850 222 1092 Fax 850 222 7615



## 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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

(Name of Foreign	Limited Li	ability Company)	
Washington State	3.	20-2303930	
(Jurisdiction under the law of which foreign limited company is organized)			ber, if applicable)
1. October 21, 2004	5.		Lens Lens
(Date of Organization)	_	(Duration: Year limite exist or "perpetual")	d liability company will cease to
. Upon Filing			- 13.5° - 19
(Date first transacted busi (See sections 608.501 & 60	ness in Flor 08.502 F.S. t	ida, if prior to registration o determine penalty liabi	ity) PA
7. 1911 65th Avenue West			52.5
Tacoma, WA 98466			(SO)
(Succ	t Address o	f Principal Office)	
. If limited liability company is a manager-r	nanaged c	company, check here	
3. If limited liability company is a manager-r	nanaged c	company, check here	
3. If limited liability company is a manager-r  9. The name and usual business addresses of	nanaged c	company, check here	
<ul><li>3. If limited liability company is a manager-r</li><li>b. The name and usual business addresses of J David Page</li></ul>	nanaged c	company, check here	
3. If limited liability company is a manager-r  9. The name and usual business addresses of  J David Page  1911 65th Avenue West	the managed control the ma	ompany, check here ging members or man use of the control of the c	agers are as follows:
3. If limited liability company is a manager-r b. The name and usual business addresses of  J David Page  1911 65th Avenue West  Tacoma, WA 98466  0. Attached is an original certificate of existence, no mone jurisdiction under the law of which it is organized. (A ranslation of the certificate under oath of the translator manager.)	the managed of the managed rethan 90 day photocopy ust be submi	company, check here ging members or man and acceptable. If the certified.)	agers are as follows:  by the official having custody of record  fificate is in a foreign language, a
3. If limited liability company is a manager-r  3. The name and usual business addresses of  J David Page  1911 65th Avenue West  Tacoma, WA 98466  3. Attached is an original certificate of existence, no mone jurisdiction under the law of which it is organized. (A	the managed of the managed rethan 90 day photocopy ust be submi	company, check here ging members or man and acceptable. If the certified.)	agers are as follows:  by the official having custody of record  fificate is in a foreign language, a

Typed or printed name of signee

J. David Page, Manager

## 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.

l.	1. The name of the Limited Liability Company is:	
SF	SP Live Oak LLC	2005
2.	2. The name and the Florida street address of the registered agent and office are:	F11.19
	Jeffrey C. Steinert	造品。
	(Name)	3: 23
	25400 US Highway 19 North, Suite 116	DE 25
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Clearwater FL 33763	
	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, 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)



## Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE/AUTHORIZATION

**OF** 

#### SP LIVE OAK LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 10/21/2004.

I FURTHER CERTIFY that as of the date of this certificate, SP LIVE OAK LLC remains active and has complied with the filing requirements of this office.

Date: April 18, 2005

UBI: 602-439-305

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State