# M6700001327

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				

Office Use Only



200090556492

03/06/07--01042--025 \*\*160.00

07 MAR -6 PH 1: 22

SECRETARY OF STATE DIVISION OF CORPORATION

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Live Oak Stud, LLC	
	ited Liability Company)
	bility Company for Authorization to Transact Business in ibmitted to register the above referenced foreign limited
Please return all correspondence concerning this m	natter to the following:
Ke	nneth Shaw
(Na	me of Person)
Live C	Pak Properties
(Fir	m/Company)
P.O.	Box 772109
	(Address)
Ocala	a, FL 32608
(City/Sta	ate and Zip Code)
For further information concerning this matter, ple	ase call:
Kenneth Shaw	at (_352) 622-4156
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Bigsim \mathbb{\text{\$125.00 Filing Fee}} \Bigsim \mathbb{\text{\$130.00 Filing Fee}} \& \text{Certificate of}\$	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy

## 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:

Live Oak Rental,					_
	(Name of Foreign Limited	iability Company)			
2. Delaware		23-1841096			_
(Jurisdiction under the company is organized	e law of which foreign limited liability i)	( FEI number, if	applicable)		
12/29/2006		Perpetual			
(Date	of Organization)	(Duration: Year limited liabili exist or "perpetual")	ty company will ce	ase to	_
5. N/A					_
	(Date first transacted business in I (See sections 608.501 & 608.502 F	orida, if prior to registration.) to determine penalty liability)			_
7. Corporation Tru	ust Center 1209 Orange Stree			0	]\  }
Wilmington, DE	19801			MA.	SECR
		of Principal Office)		_ <del></del>	~유달,
R If limited liabilit	y company is a manager-manage	company check here		9	32 E
	, vompan, is a manager manage	company, encont note 🔽		PH	-왕유·
9. The name and us	ual business addresses of the ma	aging members or managers	are as follows:	<del>::</del> 2	EXT NTO
Charlotte Webe	r, 7340 N.W. US Hwy 27, Suite 2	I, Ocala, Florida 34482		N	5
he jurisdiction under the ranslation of the certifica	al certificate of existence, no more than 9 law of which it is organized. (A photoco ate under oath of the translator must be su ess or purposes to be conducted	y is not acceptable. If the certificate in itted.)	•	iage, a	
	Signature of a member or an a (In accordance with section 608.408(3) an affirmation under the penalties of positions of the control of the co	thorized representative of a r.S., the execution of this document coury that the facts stated herein are true	nstitutes		_•
	Charlotte Typed or print		<del></del>		
	i ypea or print	I 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.

Live Oak Stu	the Limited Liability Company is:	· 		
2. The name an	d the Florida street address of the r	registered	agent and office are:	
	CT Corporat	ion Syst	em	
	(N	ame)		
	1200 South	Pine isi	and Road	
	Florida Street Address (P.	O. Box NC	T ACCEPTABLE)	
	Plantation	FL	33324	
	Ch	y/State/Zlp		

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.

Peter F. Souza Assistant Secretary

(Signature)

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

## Delaware

PAGE :

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIVE OAK STUD, 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 TWELFTH DAY OF FEBRUARY, A.D. 2007.



Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 5427301

DATE: 02-12-07

4277867 8300

070153871