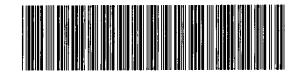
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EXAMINER

DIVISION OF CORPORATIONS

10 MAY - 4 AM 8: OC

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 CONTACT: **KATIE WONSCH** DATE: 05/04/10 **REF. #:** 001495.124633 CORP. NAME: OLP PENSACOLA LLC ( ) ARTICLES OF DISSOLUTION ( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME ( ) ANNUAL REPORT ( ) LIMITED LIABILITY ( XX ) FOREIGN QUALIFICATION ( ) LIMITED PARTNERSHIP ( ) WITHDRAWAL ( ) MERGER ( ) REINSTATEMENT ( ) CERTIFICATE OF CANCELLATION ( ) OTHER:

### STATE FEES PREPAID WITH CHECK# 63086 FOR \$ 155.00

#### **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

#### **PLEASE RETURN:**

( XX ) CERTIFIED COPY	( ) CERTIFICATE OF GOOD STANDING	( ) PLAIN STAMPED COP
( AA / CERTIFIED COLL	( ) CERTIFICATE OF GOOD STIMIDE	, , , , , , , , , , , , , , , , , , ,

( ) CERTIFICATE OF STATUS

Examiner's Initials

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	OLP PENSACOLA LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
COI	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the value of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabili ompany," "L.L.C," "LLC.")	
2.	Delaware 3. 13-3147497  (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	
	Delaware  (Jurisdiction under the law of which foreign limited liability company is organized)  3. 13-3147497  (FEI number, if applicable)	
4.	atte	
т.	Sept. 23, 2008  (Date of Organization)  5. perpetual  (Duration: Year limited liability company with cease to exist or "perpetual")	ersi Tar
6.		250 CC
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	3)
7.	60 Cutter Mill Road Ste. 303	10.45 10.45
	Great Neck, NY 11021	· ·
	(Street Address of Principal Office)	
R	If limited liability company is a manager-managed company, check here	
٠.	manager manager manager more	
9.	The name and usual business addresses of the managing members or managers are as follows:	
	OLP-OD LLC - Member	
	60 Cutter Mill Road, Ste. 303	
	Great Neck, NY 11021	
the	). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reco e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a inslation of the certificate under oath of the translator must be submitted.)	nds in
11	. Nature of business or purposes to be conducted or promoted in Florida:	
	to buy, sell, own and develop real estate of all types and kinds	
(	OLP-OD LLC, Member, BY: One Liberty Properties, Inc., Sole Member of OI BY: Jok Suny	LP-OD
	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.)	
	Mark Lundy, Sr. Vice President	
	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:				
OL	P PENSACOLA LLC				
If unavailable, the alternate to be used in the state of Florida is:					
2. The name and the Florida street ad	ldress of the registered agent and office are:				
Unit	ted Corporate Services, Inc.				
	(Name)				
	South Dadeland Blvd. Ste. 508				
Florida Stro	cet Address (P.O. Box NOT ACCEPTABLE)				
Miami	FL 33156				
	City/State/Zip				
liability company at the place designate agent and agree to act in this capacity. relating to the proper and complete per obligations of my position as registered (Signature) Robert Uni	at and to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as registered. I further agree to comply with the provisions of all statutes reformance of my duties, and I am familiar with and accept the dagent as provided for in Chapter 608, Florida Statutes.  Let F. Gilhosley, VP. ted Corporate Services, Inc.  00.00 Filing Fee for Application				
	25.00 Designation of Registered Agent				

Certified Copy (optional)

Certificate of Status (optional)

\$ 30.00

\$ 5.00

## Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OLP PENSACOLA 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 THIRTIETH DAY OF APRIL, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OLP PENSACOLALLC" WAS FORMED ON THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4603542 8300

100448467

AUTHENTY CATION: 7966671

DATE: 04-30-10

You may verify this certificate online at corp.delaware.gov/authver.shtml