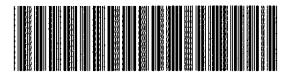
# MILOUVUZUIO

(Demusahala Nawa)		
(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
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Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:		

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B. KOHR APR 2 2 2011 EXAMINER



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04/22/11--01001--010 \*\*125.00

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CORPDIRECT AGI 515 EAST PARK AV TALLAHASSEE, FI 222-1173	VENUE	merly CCRS)	
FILING COVER ACCT. #FCA-14	SHEET		1 PR 2
CONTACT:	Kim Weider	<u>nbach</u>	27 28 3
DATE:	04/21/11		P. 4. 23
REF. #:	002083.1467	741	
CORP. NAME:	OAKS HOL	LLISTER, LLC	
		( ) ARTICLES OF AMENDMENT	( ) ARTICLES OF DISSOLUTION
(    ) ANNUAL REPORT ( XX ) FOREIGN QUAL		( ) TRADEMARK/SERVICE MARK	
( AX ) FOREIGN QUAL ( ) REINSTATEMENT		( ) LIMITED PARTNERSHIP ( ) MERGER	( ) LIMITED LIABILITY ( ) WITHDRAWAL
( ) CERTIFICATE OF			( )
( ) OTHER:			
STATE FEES P	REPAID W	ITH CHECK# 539 489 ↓	569208 FOR \$ 30.00 & 125.00
AUTHORIZAT	ION FOR A	CCOUNT IF TO BE DEBITE	D:
		COST LIP	MIT: \$
PLEASE RETU	RN:		
( XX ) CERTIFIED CO	ОРУ	( ) CERTIFICATE OF GOOD STAN	DING ( ) PLAIN STAMPED COPY
( ) CERTIFICATE O	F 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 RUSINESS IN THE STATE OF FLORIDA:

	OAKS HOLLISTER, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.	C.")
ÇO	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a consistent of the managers or managing members adopting the alternate name. The alternate name must include "Limit Impany," "L.L.C," "LLC.")	oy of the written
	Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.	April 13, 2011  (Date of Organization)  5. Perpetual  (Duration: Year limited liability company will on exist or "perpetual")	cease to
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	<u></u>
7.	1231-B State Street, Santa Barbara, CA 93101	11 APR P1 PH 4: 23
	(Street Address of Principal Office)	- P 3
8.	If limited liability company is a manager-managed company, check here	RPI PH 4:
9.	The name and usual business addresses of the managing members or managers are as follows: Stonebrook Square, Ltd.	f. 23
	1231-B State Street	·
	Santa Barbara, CA 93101	
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custo jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language 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 Investment	·
	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. I am aware that any false information submitted in	
	document to the Department of State constitutes a third degree felony as provided for in s.817.155, I	
	James P. Knell, General Partner, Stonebrook Square, Ltd., Managing Member	

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 C	ompany is:
OAKS HOLLISTER, LLC	
If unavailable, the alternate to be used i	n the state of Florida is:
2. The name and the Florida street add	ress of the registered agent and office are:
Paracorp Incorporate	ed
	(Name)
236 East 6th Aven	ue
Florida Street	Address (P.O. Box NOT ACCEPTABLE)
Tallahassee	FL 32303
	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)

## Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "OAKS HOLLISTER, 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 EIGHTEENTH DAY OF APRIL, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OAKS HOLLISTER, LLC" WAS FORMED ON THE THIRTEENTH DAY OF APRIL, A.D. 2011.

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

4968596 8300

110427157

Jeffrey W. Bullock, Secretary of State
AUTHENTY CATION: 8701442

DATE: 04-18-11

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