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Division of Corporations

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: (850)617-6383

From:

Account Name : LEVINE & PARTNERS, P.A.

Account Number : 074677001117 Phone : (305)372-1350

Fax Number : (305)372-1352

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gsr@levinelawfirm.com

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Foreign Limited Liability Company Live Oak Apartments, LLC

Certificate of Status	1
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April 27, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LEVINE & PARTNERS, P.A.

SUBJECT: LIVE OAK APARTMENTS, LLC

REF: W11000023411

We received your electronically transmitted document. However, the odcument has not been filed. Please make the following corrections and refax the complete document, including the electronic filing covershmet.

Unfortunately, the enclosed certified copy does not meet our filter of requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper? that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II FAX Aud. #: H11000113961 Letter Number: 711A00010158

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

L	IN COMPIDANCE WITH SECTION OURSER, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIC UMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	∄∨
	Live Oak Apartments, LLC	
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
<u></u>	Trame unavailable enter attenues and add 6. days	
CO	If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written onsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C." "LLC.")	en
2.	Delaware 3.	
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.	April 5, 2011 5. Perpetual	
	(Date of Organization) (Duration: Year limited liability company will rease to exist or "perpetual")	
6,	(Date first transacted business in Florida, if prior to registration.) (See sections 608 501 & 608 507 F.S. to determine negative liability)	*2.27
	(See sections 608.501 & 608.502 F.S. to determine penalty liability)	-
7,	3250 Mary Street, Suite 306, Miami, Florida 33133	ğ. Ç
	The state of the s	
	(Street Address of Principal Office)	
ጸ.	. 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:	
	The Manager shall be Styles LP, LLC whose address is:	
	3250 Mary Street, Suite 306, Miami, Florida 33133.	
10.). Attached is an original certificate of existence, no more than 90 days old, duty authenticated by the official having custody of records in	1
	e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	
	restation of the certificate under eath of the translator must be submitted.)	
11.	Nature of business or purposes to be conducted or promoted in Florida: Real estate	
	investment holdings.	
	JE JE	
	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 a	
	document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	
	Paul C. Steinfurth, as Manager of Styles LP, LLC	

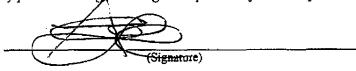
Typed or printed name of signee

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:
Live Oak A	Apartments, LLC
If unavailable, t	he alternate to be used in the state of Florida is:
2. The name an	d the Florida street address of the registered agent and office are:
	Alan W. Levine, Esquire (Name) APR 27 1110 Prickell Avenue Suite 700
	(Name)
	THO Brickell Avenue, Suite 700
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Florida Street Address (P.O. Box NOT ACCEPTABLE) Miami FL 33131 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.



\$ 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 "LIVE OAK APRARTMENTS, 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 TWENTY-SEVENTH DAY OF APRIL, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIVE OAK APRARTMENTS, LLC" WAS FORMED ON THE FIFTH DAY OF APRIL, A.D. 2011.

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

4964468 8300

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

Jeffrey W Bullock, Secretary of State

AUTHENTYCATION: 8720002

THEMIL CALLON: UNLOUDE

DATE: 04-27-11