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





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12 JUN -4 PM 1: 24 SECRETARY OF STATE ALLARASSEE FLORIDA

C. LEWIS

JUN - 5 2012

EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: TINE	BLE, LLC	e of Limited Liability Company
The enclosed "Applic Existence, and check	cation by Foreign Limited Liabil are submitted to register the abo	ity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida
Please return all corre	espondence concerning this matt	er to the following:
Ca	ammie Warburton	
		Name of Person
Co	rporate Direct, Inc.	
		Firm/Company
22	48 Meridian Blvd., Suit	te H
		Address
<u>Mi</u>	nden, NV 89423	
		City/State and Zip Code
ca	mmie@sutlaw.com	
	E-mail address: (to	be used for future annual report notification)
For further information	on concerning this matter, please	e call:
Cammie	Warburton	at (775) 284-7162
	Name of Person	Area Code & Daytime Telephone Number
	327	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a che	ck for the following amouning Fee \$130.00 Filing Fee Certificate of Statu	& \$\int\\$155.00 \text{ Filing Fee & \$\int\\$160.00 \text{ Filing Fee, Certificate}

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. TINBLE, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, onter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") 2. Wyoming (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 5. Perpetual May 22, 2012 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 60 East Simpson Ave., Box 2869, Jackson, WY 83001 (Street Address of Principal Office) 8. 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: Waypoint Real Estate Group, LLC 1999 Harrison Street, 22nd Floor Oakland, CA 94612 10. Attached is an original certificate of existence, no more than 90 days old, duty authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under outh of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: To acquire, renovate, and sell real estate assets 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.)

Colin Wiel, representing Waypoint GI Venture, 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 Con	mpany is:	
TINBLE, LLC		
If unavailable, the alternate to be used in	the state of Florida is:	
2. The name and the Florida street addre	ss of the registered agent and office a	ire:
Gerri Detweiler		att co
	(Name)	
1037 Greystone La	ne	NASS
Florida Street A	Address (P.O. Box NOT ACCEPTABLE)	
Sarasota	_{FL} 34232	1: 24 TORID
	City/State/Zip	D'

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)

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

TINBLE, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **May 22, 2012**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2012-000622714**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 23rd day of May, 2012 at 1:40 PM. This certificate is assigned 012122517.



Maj Massiels

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.