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(Document Number)					
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G. MCLEOD

JUN 5 - 2012

EXAMINER



300235842193

06/04/12--01047--014 **130.00



COVER LETTER

	Name of Limited Liability Company	
	Foreign Limited Liability Company for Authorization to Transact Busimitted to register the above referenced foreign limited liability company	
Please return all corresponder	nce concerning this matter to the following:	
BHAVIN	SHAH	
	Name of Person	
OAK LAN	NE PARTNERS, LLC	
- 1-	Firm/Company	
5600 MA	ARINER ST., SUITE 205	
	Address	
TAMPA,	FL 33609	
	City/State and Zip Code	
<u>} BSHAH</u>	©OAKLANEPARTNERS.COM E-mail address: (to be used for future annual report notification)	
For further information conce	•	
D1141/111 0114	047	
BHAVIN SHA	H at (917) 749-7356 me of Person Area Code & Daytime Telephone Number	
MAILING ADDRE Division of Corporat Registration Section P.O. Box 6327 Tallahassee, FL 3231	SS: STREET ADDRESS: ions Division of Corporations Registration Section Clifton Building	
Division of Corporat Registration Section P.O. Box 6327	Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 The following amount: \$\sum_{130.00}^{130.00}\$ Filing Fee & \$\sum_{155.00}^{130.00}\$ Filing Fee & \$\sum_{160.00}^{130.00}\$ Filing Fee & \$\sum_{1	ng Fee, Certificate 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:

LIN	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1.	OAK LANE PARTNERS, LLC
- * ,	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
cor	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writtensent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Impany," "L.L.C," "LLC.")
2.	DELAWARE 3, 80-0649698
((Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	10/1/2010 _{5.} PERPETUAL
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	DECEMBER 2011
٥.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	5600 MARINER ST., SUITE 205
	TAMPA, FL 33609
	(Street Address of Principal Office) If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows:
	C/O OAK LANE PARTNERS, LLC
	5600 MARINER ST., SUITE 205, TAMPA, FL 33609
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or promoted in Florida: ASSET MANAGEMENT,
_	INVESTMENT SOURCING, EXECUTION AND MANAGEMENT
	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.)
	BHAVIN SHAH

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: OAK LANE PARTNERS, LLC				
If unavailable,	the alternate to be used in the	state of Florida is:		
2. The name a	nd the Florida street address of	of the registered agent and office are:		
	BHAVIN SHAH / ATTN:	MARY LAZAR (Name)	_	
	16424 DEL PALACIO Florida Street Addr	,	-	
	DEL RAY BEACH	FL 33484 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 "OAK LANE PARTNERS, 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-SIXTH DAY OF MARCH, A.D. 2012.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OAK LANE PARTNERS, LLC" WAS FORMED ON THE FIRST DAY OF OCTOBER, A.D. 2010.

4879810 8300

120353953

AUTHENTICATION: 9457701

DATE: 03-26-12

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