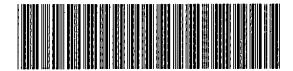
M1200000 4550

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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12 AUG 13 AM 3: 34
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AUG 1 4 2012 T. HAMPTON

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

08-13-2012

NAME:

DP OCALA, LLC

TYPE OF FILING: APPLICATION BY FOREIGN LLC TO TRANSACT

BUSINESS IN FLORIDA

COST:

\$130

RETURN:

CERTIFICATE OF STATUS

ACCOUNT: FCA00000015

AUTHORIZATION:

BBIEPAUL MODGETKIM-ROUND

COVER LETTER

TO: Registration Section

Division of Corporations				
SUBJECT: DP Ocala, LLC				
Name of Limited Liability Company				
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida				
Please return all correspondence concerning this matter to the following:				
Debbie L. Sloan				
Name of Person				
Oldacre McDonald, LLC				
Firm/Company 3841 Green Hills Village Dr., Ste. 400				
Nashville, TN 37215				
City/State and Zip Code				
dsloan@oldacremcdonald.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Debbie L. Sloan at (615) 269-5444				
Name of Person Area Code & Daytime Telephone Number				
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations Registration Section Registration Section				
P.O. Box 6327 Clifton Building Tallahassee, PL 32314 2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a check for the following amount: \$\int\\$\$125.00 \text{ Filing Fee & Certificate of Status}\$\$ \$\int\\$\$155.00 \text{ Filing Fee & Certificate of Status}\$\$ \$\int\\$\$160.00 \text{ Filing Fee & Certificate of Status}\$\$ \$\int\\$\$155.00 \text{ Filing Fee & Certificate of Status}\$\$ \$\int\\$\$160.00 \text{ Filing Fee & Certificate of Status}\$\$ \$\int\\$\$\$155.00 \text{ Filing Fee & Certificate of Status}\$\$ \$\int\\$				

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 RUSINESS. IN THE STATE OF FLORIDA:

LI	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1.	DP Ocala, LLC	
•	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
00	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the assent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabil ompany," "L.L.C," "LLC.")	written ty
2	Tennessee 3, 46-0706323	
	(Jurisdiction under the law of which foreign limited liability (PEI number, if applicable) company is organized)	
4	August 2, 2012 5, 2062	
7.	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6.		
	(Date first transacted business in Florida, if prior to registration.) (See sections 608,501 & 608.502 P.S. to determine penalty liability)	
7.	3841 Green Hills Village Dr., Suite 400	
	Nashville, TN 37215 (Street Address of Principal Office)	
	(Sueet Address of Frincipal 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:	
	Mark McDonald, 3841 Green Hills Village Dr., Ste., 400, Nashville, TN 37215	
	William A. Oldacre, 3841 Green Hills Village Dr., Ste. 400, Nashville, TN 37215	
the trat	. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receptable in the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relation of the certificate under eath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: Real Estate	ords in
	Signature of a member or an authorized representative of a member,	<u>p</u>
	(In accordance with section 608,408(3), F.S., the execution of this document constitutes an affirmation under the	335
	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.)	355
	Mark McDonald	위된
	Typed or printed name of signee	200 200 200

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:
DP Ocala, 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 are:
NRAI Services, Inc.	
	(Namo)
515 East Park Aven	nue
Florida Street A	Address (P.O. Box NOT ACCEPTABLE)
Tallahassee	FL 32301
	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)
Eileen Chaddock, Special Asst. Secretary

\$ 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 TENNESSEE Tre Hargett, Secretary of State

Division of Business Services William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

CFS SUITE B 992 DAVIDSON DRIVE NASHVILLE, TN 37205

Request Type: Certificate of Existence/Authorization

Request #:

0073694

Issuance Date: 08/10/2012

Copies Requested:

August 10, 2012

Document Receipt

Receipt #: 806482

Filing Fee:

\$20.00

Payment-Account - CFS, NASHVILLE, TN

\$20.00

Regarding:

DP Ocala, LLC

Filing Type:

Limited Liability Company - Domestic

Control #:

692375

Formation/Qualification Date: 08/02/2012

Date Formed:

08/02/2012

Status:

Active

Formation Locale: TENNESSEE

Duration Term:

Expires: 08/02/2062

Inactive Date:

Business County: DAVIDSON COUNTY

CERTIFICATE OF EXISTENCE

1, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

DP Ocala, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above:
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Nichole Hambrick

Verification #: 001443322