Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : HAILE, SHAW & PFAFFENBERGER, P.A

Account Number : 076326003550 Phone : (561)627-8100

Fax Number : (561)622-7603

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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ECRETARY OF STATE LAHASSEE, FLORIDA

Foreign Limited Liability Company OAX OF DELAWARE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

FEB 28 2013

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Help

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are th	e Managers and/or Managing	
Members of OAX LLC	•	
(Name of Limited Liability C	ompony)	
a limited liability company duly organized and existing	ng under the laws of	
Delaware		
(State or Country of Organization)		
Because the name of this foreign limited liability con	npany does not satisfy the	
requirements of the s. 608.406, F.S., the limited liabil		
following name to transact business in the state of Florida:		
OAX OF DELAWARE LLC		
(Name to be used by limited liability company in Florida. NOTE: Nam Company, L.L.C., or L.L.C.)	orida: SECRETARY DE must end with Limited Hability SECRETARY S	1
Date: 02/27/12	mon a	Ž
Signature(s) of Manager(s) and/or Managing Member	r(s):	ي ا
Robe	rt J Trafford, Mgr	
	•	

FAN: H13-46444

CR2B122 (7/07)

FAN: H13-46444

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: 1. OAX LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") OAX OF DELAWARE LLC (If name unavailable, enter 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.") Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 08/30/2011 Perpetua! (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") 6 February 1, 2013 (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 2430 Marathon Lane Ft. Lauderdale, FL 33312 (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: Robert Trafford, Managing Member 2430 Marathon Lane Ft. Lauderdale, FL 33312 10. Attached is an original certificate of existence, no more than 90 days old, duly 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 each of the translator must be submitted.) Real Estate Investments 11. Nature of business or purposes to be conducted or promoted in Florida: 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.)

Typed or printed name of signee

Wilton L. White, Authorized Representative

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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.

 The name of the Limited Liability Compar 	y is	S:
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OAX LLC

If unavailable, the alternate to be used in the state of Florida is:

OAX OF DELAWARE LLC

2. The name and the Florida street address of the registered agent and office are:

HAILE SHAW & PFAFFENBERGER

(Name)

660 US Highway One, 3rd Floor

Florida Street Address (P.O. Box NOT ACCEPTABLE)

North Palm Beach

33408

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)

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Delaware

PACE I

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "OAX 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 FEBRUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OAX LLC" WAS FORMED ON THE THIRTIETH DAY OF AUGUST, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE,

BEEN PAID TO DATE.

FAN: H13-46444

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AUTHENTYCATION: 0242750

DATE: 02-26-13

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