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SECRETARY OF STATE

K.SALY EXAMINER APR 3 0 2013

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 190 W. Edgeurad Avenue, L. C. Name of Limited Liability Company	,
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business Existence, and check are submitted to register the above referenced foreign limited liability company to to	s in Florida," Certificate of ransact business in Florida.,
Please return all correspondence concerning this matter to the following:	
Justine Manzo	
Blackburner Sons Realty Capital	Corp.
4811 Chippendale Drive, Suite 1	0)
Sacramento, CA 95841 City/State and Zip Code	
justine a blackburne. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
JUSTINE MANTO at 916 338.38 Name of Person Area Code & Daytime Telephone Number	13 3み
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	Filing 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:
1. 1190 W. Faleurrof Avenue, LLC (Name of Foreign Limited Liability Company," "L.L.C.," or "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.")
2. CALIFORNIA (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)
4. April 17, 2013 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. N/a (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 4811 Chippendale Drive, State 10)
Sacramento, CA 9584) High 3 (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:
Blackburnes sons Realty Capital Corporation
4811 cuippendale Drive, surte 107
Sacramento, CA 95841
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 oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Reco Estable
ttolding who was
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

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:		
1190 W. Edgewood Avenue, LLC		
If unavailable, the alternate to be used in the state of Florida is:		
Edgund Dental Office 11-1-16		
2. The name and the Florida street address of the registered agent and office are:		
Brennan, Mana & Diamond, P.L. (Name)		
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Jacksonville, FL 3221020		

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 California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: 1190 W. EDGEWOOD AVENUE, LLC

FILE NUMBER:

201310810365

FORMATION DATE:

04/17/2013

TYPE:
JURISDICTION:

DOMESTIC LIMITED LIABILITY COMPANY

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 19, 2013.

DEBRA BOWEN Secretary of State

MMS