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B. BOSTICK

DEC 1 3 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

□ \$125.00 Filing Fee

■ \$130.00 Filing Fee &

Certificate of Status

SUBJECT: NW Evergreen Opportunities IV, 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:

	Name of Person
NW Every	reen opportunities IV, LLC
	Firm/Company
2250 NW	Flanders St. Ste Gard
	Address
Patiend	
	City/State and Zip Code
Mikeper	City/State and Zip Code red h.llshald.s.com s: (to be used for future annual report notification)
E-mail address	s: (to be used for future annual report notification)
information concerning this matter, pl	• •
	•
ParthasaraThy Name of Person	at 503 719-4931
-1	Area Code & Daytime Telephone Number
Name of Person	Area Code & Daytime Telephone Pulmber
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Name of Person AILING ADDRESS: vision of Corporations	STREET ADDRESS: Division of Corporations
AILING ADDRESS: vision of Corporations	STREET ADDRESS:
AILING ADDRESS:	STREET ADDRESS: Division of Corporations

☐ \$155.00 Filing Fee &

Certified Copy

□ \$160.00 Filing Fee, Certificate

of Status & 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 FOREIG
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. NW Evergreen Opportunities IV, LLC. (Name of Foreign Limited Liability Company; must include "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
company is organized)
4. Jan 31, 2013 (Date of Organization) 5. (Duration: Year limited liability company will cease to exist or "negretive!")
exist of perpetual j
6. (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 2250 NH Flanders St. Ste Gardin 02 Portland, OR 97210
Po-Hand, OR 97210
(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:
Ren House Holoroce LLC
RED HILLS HOLDINGS, LLC Z250 NW Flanders St. Ste Garden 02
Z250 NW 1-landers St. STE GARden UZ
Portland, OR 97210
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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: ownership
of commercial real-estate
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.) Mike Parthasacathy Typed or printed name of signee
Typed of primed hame 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 Liabi	lity Compan	y 18:				
NW	Evergra	en s	Oppor	ていれ	ا دح	٧, ٤	ـ د
If unavailable, ti	ne alternate to be		• •				
2. The name and	d the Florida stree	et address of	the registered a	gent and offi	ce are:		
	Alice R	. Hune	(Name)	Esq.		TALLAR.	60 60 00 00 00 00 00
401 E. Jackson St., Suite 2200 Florida Street Address (P.O. Box NOT ACCEPTABLE)							73
	Tampa	L.	FL City/State/Zip	336	02		٠ <u>٠</u> د:

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.

Sun R. Hunsynett (Signapore)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

NW EVERGREEN OPPORTUNITIES IV, LLC

was

organized

under the Oregon

Limited Liability Company Act

on

January 31, 2013

and is active on the records of the Corporation Division as of the date of this certificate.

Zielle IZ Ta 3-13



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

KATE BROWN, Secretary of State

December 2, 2013