Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000256881 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 222-1092

Fax Number

: (850)878-5368

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

### Foreign Limited Liability Company Grande Oasis Investments LLC

Certificate of Status	0
Certified Copy	0
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November 5, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: GRANDE OASIS INVESTMENTS LLC

REF: W14000067071

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II FAX Aud. #: H14000256881 Letter Number: 914A00023637

P.E.C. E. V.E.D. 14 NOV -5 AM 10: 00 SURE AU G. CURCANTONS BURE AU G. CONTONS BURE AU G.

#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Grande Oasis Investments LLC		
Name of Limited Liability Company		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Existence, and check are submitted to register the above referenced foreign limited liability company to transact busin	Cenificate	of ida.,
Please return all correspondence concerning this matter to the following:	1843	
		2
Mark Collier	25- 23 14: -45	7
Name of Person		L - AMM 1107
Goff Capital Partners		ا ــــــــــــــــــــــــــــــــــــ
Firm/Company	TIP T	(2) A 185
500 Commerce Street, Suite 700	10 and	4
Fort Worth, Texas 76102		C
City/State and Zip Code		
mcollior@goffcp.com  E-mail address: (to be used for future stringal report notification)		
For further information concerning this matter, please call:		
Mark Collier at (817) 509-3951  Name of Contact Person Area Code Daytime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassec, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount:    \$125.00 Filing Fee   \$130.00 Filing Fee &   \$155.00 Filing Pee &   \$160.00 Filing Fee, Contificate of Status   Certified Copy   Certified Copy   Status & Certified Copy   Status & Certified Copy   Certified Copy		

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
	<del></del>
name unevailable, enter afternate name adopted for the purpose of transacting business in Florida. The alternate name must incability Company," "LLLC," or "LLC.")	-
Delaware 3.	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	SECORE 1
August 29, 2014	10.35
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine pennity liability)	Fig.
1676 South State Street, Suite B	프랑
	92
Dover, Kent County, Delaware 19901 (Street Address of Principal Office)	<u> </u>
1 676 South State Street, Suite B	<u> 12</u>
Dover, Kent County, Delaware 19901	
(Mailing Address)	<del></del>
The name, title or capacity and address of the person(s) who has/have authority to manage is/s	\
	rthe official
Attached is an original certificate of existence, no more than 90 days old, duly authenticated by aving custody of records in the jurisdiction under the law of which it is organized. (A photocopy exceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the submitted)  Signature of an authorized person becordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of persury that the facts aware that any folse information submitted in a document to the Department of State constitutes a third drayer falson, as provided for in a \$17	r is not he translator stated herein are true.
eving custody of records in the jurisdiction under the law of which it is organized. (A photocopy exceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the submitted)  Signature of an authorized person  Recordages with section 605,0203. F.S., the execution of this document constitutes an affirmation under the penalties of persury that the facts	r is not he translator stated herein are true.

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 Liabil	ity Company is:	
Grando Oasis Investments LLC		<u> </u>
If unavailable, the alternate to be u	sed in the state of Florida is:	CRETAR LAHASS
2. The name and the Florida street	address of the registered agent and office are:	TOP 35
C T Corporation Syst	en	温温 😘
	(Name)	# O
1200 South Pine Islan	nd Road	
Morida	Street Address (P.O. Box NOT ACCEPTABLE)	
Plantation	FL 33324	
<del> </del>	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 605, Florida Statutes.

By:

C T Continuity System

Assistant Secretary

(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

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GRANDE OASIS INVESTMENTS 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 THIRD DAY OF NOVEMBER, A.D. 2014.

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

5002057 8300

141365086

You may verify this certificate enline at corb.delaware.gov/authyer.shtml

jeffrey W. Bullock, Secretary of State

DATE: 11-03-14