*M14000008721

(Requestor's Name)
(Address)
· · · · · · · · · · · · · · · · · · ·
(Address)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
Outfload Outland
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
CORRECTION TO MGR PER
CONVERSATION WITH DEANNE
(FLORIDA FILING + SEARCH SERVICES, INC!) 12/8/2014
SERVICES, INC!) 12/8/2014

Office Use Only



500265740665

TO AUSTOWLEDGE TO AUSTOWLEDGE TO AUSTOWLEDGE

200 EEC - 5 N 2 19

FILED

JINDEC -5 PM 3: I

EXAMINER
DEC -8 2014

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: 12-05-14

NAME: FOUNTAIN VIEW ESTATES, LLC

TYPE OF FILING: FOREIGN LIMITED LIABILITY COMPANY

COST: 160.00

RETURN: CERTIFIED COPY & GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
, FOUNTAIN VIEW ESTATES, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
FOUNTAIN VIEW FLORIDA ESTATES, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
_{2.} Delaware
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 16255 Ventura Boulevard, Suite 1200
Encino, CA 91436
(Street Address of Principal Office)
6. 16255 Ventura Boulevard, Suite 1200
Encino, CA 91436
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Norton S. Karno, Trustee of THE CAROLYN ARTIS TRUST, MGR
16255 Ventura Boulevard, Suite 1200
Encino, CA 91436
8. 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)
- routon & Zamo, Truster
Signature of an authorized person (In accordance with section 605.0203, 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.)
Norton S. Karno
Typed or printed name of signee

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 Liability Company is:

FOUNTAIN VIEW ESTATES, LLC

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

FOUNTAIN VIEW FLORIDA ESTATES, LLC

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

National Corporate Research, Ltd., Inc.

(Name)

155 Office Plaza Drive

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

Tallahassee

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 605, Florida Statutes.

\$ 100.00 Fili

00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FOUNTAIN VIEW ESTATES, 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 DECEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FOUNTAIN VIEW ESTATES, LLC" WAS FORMED ON THE FIRST DAY OF DECEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5648050 8300

141484141

AUTHENTY CATION: 1919759

DATE: 12-03-14

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