

M1500001679

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H15000055661 3)))



H150000556613ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR
Account Number : 072720000036
Phone : (407) 843-4600
Fax Number : (407) 843-4444

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

Email Address: _____

Foreign Limited Liability Company
1216 CNS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED
15 MAR -4 PM 10:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
15 MAR -4 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

T. Burch MAR 25 2015

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

*IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. 1216 CNS, LLC

(Name of foreign limited liability company must include "limited liability company," "LLC" or "LLP")

(If name above, enter alternate name adopted for use purpose of transacting business in Florida. The alternate name must include "limited liability company," "LLC" or "LLP")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. Applied for

(FEF number, if applicable)

4. Upon filing of this application

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0004 & 605.0005, F.S. to determine penalty (if any).)

5. 6735 Conroy Road, Suite 219

Orlando, Florida 32835

(Street Address of Principal Office)

6. 6735 Conroy Road, Suite 219

Orlando, Florida 32835

(Mailing Address)

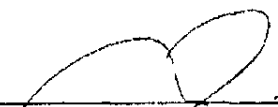
7. The name, title or capacity and address of the person(s) who has/have authority to manage (are):

Oakstone Properties, LLC, Member

6735 Conroy Road, Suite 219

Orlando, Florida 32835

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.)



Signature of an authorized person

(I, the undersigned, in section 605.0002, F.S., the execution of this document constitutes a declaration under the penalties of perjury that the facts stated herein are true and correct to the best of my knowledge and belief, and I am submitting this document to the Department of State constitutes a third degree felony as provided for in s. 817.03, F.S.)

Luke S. Widmer

Typed or printed name of signer

FILED
15 MAR -4 PM 4:06
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**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:

1216 CNS, LLC

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

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

Luke S. Widmer

(Name)

6735 Conroy Road, Suite 219

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

Orlando,

FL

32835

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

(Signature)

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

15 MAR -4 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "1216 CNS, 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 FOURTH DAY OF MARCH, A.D. 2015.

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

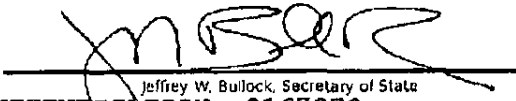
FILED
15 MAR -4 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5703124 8300

150308095

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2167979

DATE: 03-04-15