

M15000004597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

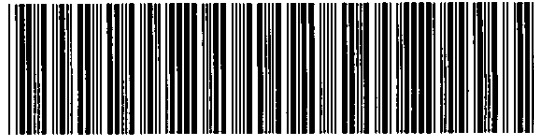
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200273369302

FILED

15 JUN 11 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

15 JUN 11 PM 4:43

DIVISION OF CORPORATIONS

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:

1. ONE FL Ocala FI Management 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

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

3. 47-4044563

(FBI number, if applicable)

4. Upon registration

(Date first transacted business in Florida; if prior to registration,  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1690 - 401 West Georgia Street

Vancouver, British Columbia V6B 541 Canada

(Street Address of Principal Office)

6. 1690 - 401 West Georgia Street

Vancouver, British Columbia V6B 541 Canada

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Paracorp Incorporated

Office Address: 155 Office Plaza Drive, 1st Floor

Tallahassee

(City)

, Florida 32301

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in  
this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept  
the obligations of my position as registered agent.

SEE ATTACHED

(Registered agent's signature)

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

John C. O'Neill, Manager, 1690 - 401 West Georgia Street, Vancouver, British Columbia V6B 541 Canada

9. Attached is a 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. (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:

(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.).

John C. O'Neill

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUN 11 PM 2:25

FILED

**STATE OF FLORIDA**  
**REGISTERED AGENT CONSENT FORM**

**DATE:** June 11, 2015

**ENTITY NAME:** ONE FL Ocala FI Management LLC

**REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated  
155 Office Plaza Drive, 1st Floor  
Tallahassee, FL 32301

**Paracorp Incorporated**, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Sharon Cooke, Assistant Secretary  
Paracorp Incorporated

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUN 11 PM 2:25

FILED

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ONE FL OCALA FI MANAGEMENT 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 TENTH DAY OF JUNE, A.D. 2015.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONE FL OCALA FI MANAGEMENT LLC" WAS FORMED ON THE THIRTEENTH DAY OF MAY, A.D. 2015.



5746592 8300

150901308

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2451504

DATE: 06-10-15