

**MIS00009346**

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.**

(((H15000275352 3)))



H150002753523ABC/

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

*Attention Yasemin Sulker*

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

*Correction per request please keep*

From: Account Name : DRIVER, MCAFFEE, PEEK & HAWTHORNE, P.L.  
Account Number : 120020000137  
Phone : (904)301-1269  
Fax Number : (904)301-1279

*Same filing date of November 18, 2015*

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

Email Address: megan@olsonlandpartners.com

RECEIVED  
15 NOV 19 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company  
CP Pensacola OPAD Member, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

FILED  
15 NOV 18 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 20 2015  
Y SULKER



November 19, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

DRIVER, MCAFEE, PEEK & HAWTHORNE, PL

SUBJECT: CP PENSACOLA OPAD MEMBER, LLC  
REF: W15000075888

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), Authorized Person (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.

Yasemin Y Sulker  
Regulatory Specialist II

FAX Aud. #: H15000275352  
Letter Number: 615A00024436

RECEIVED  
15 NOV 19 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H15000275352 3

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

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

1. CP Pensacola OPAD Member, 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. State of Delaware 3. 47-4841185  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

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

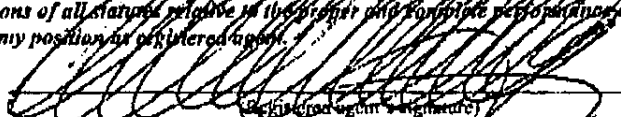
5. 4300 Legendary Drive, Suite 234  
Destin, FL 32541  
(Street Address of Principal Office)

6. 4300 Legendary Drive, Suite 234  
Destin, FL 32541  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: C. Richard Olson, Jr.  
Office Address: 4300 Legendary Drive, Suite 234  
Destin, Florida 32541  
(City) (Zip code)

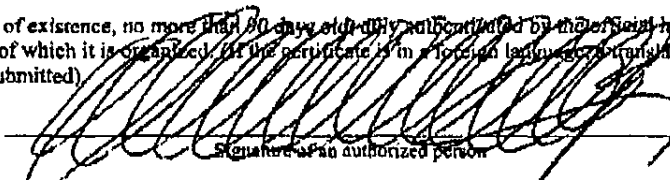
**Registered agent's acceptance:**

*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 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.*

  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  
Clarity Pointe Development Partners, LLC, 4300 Legendary Drive, Suite 234, Destin, Fl. 32541, Manager

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

C. Richard Olson, Jr., Authorized Person  
Typed or printed name of signer

FILED  
15 NOV 18 AM 8:50  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

H15000275352 3

H15000275352 3

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CP PENSACOLA OPAD MEMBER, 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 THIRTEENTH DAY OF NOVEMBER, A.D. 2015.

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



*JWB*  
\_\_\_\_\_  
Jeffrey W. Bullock, Secretary of State

5805823 8300

SR# 20150906251

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

Authentication: 10416901

Date: 11-13-15

H15000275352 3