M15000009703

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
577 077			
Special Instructions to Filing Officer:			

Office Use Only



700279416927

215 DEC -3 AH 9: 14

RECEIVED
DEPARTMENT OF STATE

DEC O 4 2015 J. HARRIS

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:

12/3/15

NAME:

OAK FLORIDA MANAGER, LLC

TYPE OF FILING: APPLICATION

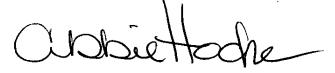
COST:

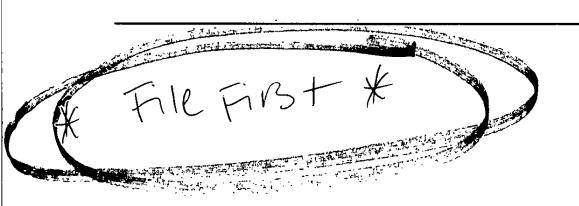
155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE





COVER LETTER

TO:

Registration Section

Division of Corporations				
SUBJECT: Oak Florida Manager, LLC				
	ited Liability Company			
The enclosed "Application by Foreign Limited Liability Company Existence, and check are submitted to register the above reference	of for Authorization to Transact Business in Florida,* Certificate of the foreign limited liability company to transact business in Floridate			
Please return all correspondence concerning this matter to the foll	owing:			
	sta Ali			
Name	of Person			
Capitol Services - Corporate Filings Team				
Firm/Company				
206 E 9th St, Ste 1300				
Address				
Austin TX 78701				
City/State	and Zip Code			
lorne@la	amour.com			
E-mail address: (to be used for	r future annual report notification)			
For further information concerning this matter, please call:				
Krista Ali	800 345-4647			
Name of Contact Person	Area Code Daytime Telephone Number			
MAILING ADDRESS:	STREET ADDRESS:			
Division of Corporations	Division of Corporations Registration Section			
Registration Section P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle Taliahassee, FL 32301			
	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & 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:

1. Oak Florida Man (Name of Fore	ager, LLC ign Limited Liability Company; must include "	Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter all Liability Company," "L.L.C,"	ternate name adopted for the purpose of transac	ring business in Florida. The alternate name must	include "Limited
2. Delaware			
	of which foreign limited liability	(PEI number, if applicable)	
4. November 19, 20	015		
	(Date first transacted business in Floric (See sections 605.0904 & 605.0905, F.S.	ia, if prior to registration.) to determine penalty liability)	•
5. 317 71st Street			
Miami Beach, FL	. 33141		5 (a) the
6. 317 71st Street	(Street Address of Principal O	пісе)	
Miami Beach, FL	. 33141 (Malling Address)		- SSS - 5 F
Ø 37 1 / A d 1		IOT	
7. Name and street address	of Florida registered agent: (P.O. Box)	· ·	4.9:
Name:	Capitol Corporate Services, I	nc.	
Office Address:	155 Office Plaza Dr Ste A		至100年
	Tallahassee	, Florida 32301	
Registered agent's accept	(City)	(Zip code)	
Having been named as rep	istered agent and to accept service of pro	cess for the above stated limited liability con	npany at the place
designated in this applicate to complywith the provision	ton, I nereby accept the appointment as t ns of all statutes relative to the proper an	egistered agent and agree to act in this capa d complete performance of my dutles, and I	am familiar with and
	ny position as registered/agent,	Krista Ali, Asst. Secretar	
	PMA Th	of Capitol Corporate Ser	vices, Inc.
	(Rogistered agent'	s signature)	
8. The name, title or capa	city and address of the person(s) who has/h	nave authority to manage is/are:	
Lorne Lieberman, M	Manager		
317 71st Street			_
Miami Beach, FL 3	3141		
9. Attached is a certificate jurisdiction under the law of the translator must be su	of which it is organized. (If the certificate is	ly authenticated by the official having custody s in a foreign language, a translation of the ce	y of records in the rtificate under oath
	wm Stal	901	
	Signature of an author	prized person	
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (the Department of State constitutes a third	o), Fiorida Statutes. I am aware that any false i degree felony as provided for in s.817.155, F	nformation .S.
	William M. S		
	Typed or printed nam	e of signee	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "OAK FLORIDA MANAGER, 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. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OAK FLORIDA"
MANAGER, LLC" WAS FORMED ON THE NINETEENTH DAY OF NOVEMBER, A.D.
2015.

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

Authentication: 10533446

Date: 12-03-15

5883657 8300 SR# 20151168189

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