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DATE: 1/26/16

NAME: OPPORTUNITY RESIDENTIAL FUND, LLC

TYPE OF FILING: APPLICATION

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: OPPORTUNITY RESIDENTIAL FUND, LIC

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Adiel Gorel Name of Person Firm/Company 165 N RED WOOD Drive Stelso Address SAN RAFAEL: CA 94903 City/State and Zip Code E-mail address: (to be used (for future annual report notification)

For further information concerning this matter, please call;

ADIEL Government at (415) 9277504 Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS: **Division of Corporations Registration Section** P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount: 🕼 \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

🖾 \$155.00 Filing Fee & Certified Copy

S160.00 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:

Company; must include "Limited Liability Company, (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.") 3. <u>80-0403896</u> (FEI number, if applicable) Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. N RAFARI (A94903 165 N REGWOOD Street Addres 165 N. Redwood Drive, Suite 150, San Rafael, CA 94903 (Mailing Address) 7. Name and street address of Florida registered agent; (P.O. Box NOT acceptable) PARACORP INCORPORATED Name: 155 OFFICE PLAZA DRIVE, 1ST FLOOR Office Address: Florida 32301 TALLAHASSEE (City) 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 complywith 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. ,Leticia Burleson, Assistant Secretary (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: MANAGING MEMPER 165 N. Redwood Drive, Suite 150, San Rafael, CA 94903 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. All the certificate isin a foreign language, a translation of the certificate under oath

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.

of the translator must be submitted)

Typed or printed name of signee

