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MAY 18 2016

J SHIVERS



March 21, 2016

SHARON MACK 1033 NE 17TH WAY #1501 FT LAUDERDALE, FL 33304

SUBJECT: 1 OAK HOMEBUYERS, LLC

Ref. Number: W16000020889

We have received your document for 1 OAK HOMEBUYERS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 616A00005697

## **COVER LETTER**

|  | ation Section<br>n of Corporatio   | ons  |   |  |  |  |
|--|--|--|---|--|--|--|
| SUBJECT:   | 1  | DAK Home   | boyers, LL  | .C   |  |  |
|  |  | Name of  | Limited Liability Company                                     |  |  |  |
| The enclosed "A Existence, and co                                  | pplication by Fo   | oreign Limited Liability Comp<br>ted to register the above refer | pany for Authorization to Transceed foreign limited liability | nsact Business in Florida," Certificate of company to transact business in Florida |  |  |
| Please return all  | correspondence   | concerning this matter to the                                    | following:  |  |  |  |
|  |  | Share  | on Mack   |  |  |  |
|  |  | N  | ame of Person   |  |  |  |
|  |  | •  |   |  |  |  |
| Firm/Company   |  |  |   |  |  |  |
| 1033 NE 17Th Way # 1501 1  |  |  |   |  |  |  |
|  | ~_   | ` '  | Address   |  |  |  |
| Ft Lauderdale, FL 33304  |  |  |   |  |  |  |
|  |  |  |   |  |  |  |
| E-mail address: (to be used for future annual report notification) |  |  |   |  |  |  |
| C 6  |  | •  | •   | ,  |  |  |
| roi further infor  | mation concern   | ing this matter, please call:                                    |   |  |  |  |
| 2  | Sharan<br>Name   | Mack<br>of Contact Person  | _ ~ \   | rime Telephone Number  |  |  |
| MAIL   | ING ADDRES   |  | ·   | Γ ADDRESS:   |  |  |
| Divisio  | on of Corporatio   |  |   | of Corporations  |  |  |
|  | Registration Section Registration Section P.O. Box 6327 Clifton Building |  |   |  |  |  |
| Tallaha  | assee, FL 32314  |  |   | ecutive Center Circle<br>see, FL 32301   |  |  |
| Enclosed is a ch<br>□ \$12   | seck for the follo<br>5.00 Filing Fee                                    |  | ☐ \$155.00 Filing Fee & Certified Copy                        | ☐ \$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 D902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. 1 OAK Homebuyers, L<br>(Name of Fore                        | eign Limited Liability Company; must include "Limited Liability Company," "L.L   | C.," or "LLC.")     |                   |
|--|--|---------------------|-------------------|
| (If name unavailable, enter al<br>Liability Company," "L.L.C," | ternate name adopted for the purpose of transacting business in Florida. The alter   | nate name must inc  | lude "Limited     |
| 2. Nevada  | 3.   |                     |                   |
| (Jurisdiction under the law company is organized)              | of which foreign limited liability (FEI number, if ap  | plicable)           |                   |
| 4. N/A   |  |                     |                   |
|  | (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)   |                     |                   |
| 5. 1033 NE 17thWay#1   |  |                     |                   |
| Ft Lauderdale, FL 33   | 3304   |                     |                   |
| <del>., .,,.,,</del> ,   | (Street Address of Principal Office)   |                     |                   |
| 5. 1033 NE 17thWay#1   | 501  |                     |                   |
| Ft. Lauderdale, FL 3   | 3304   |                     | •                 |
|  | (Mailing Address)  |                     |                   |
| 7. Name and street addres                                      | s of Florida registered agent: (P.O. Box NOT acceptable)   |                     |                   |
| Name:  | Sharon Mack  |                     |                   |
| Office Address:  | 1033 NE 17thWay#1501   |                     |                   |
|  | Ft. Lauderdale , Florida 33304   |                     |                   |
|  | (City) (Zip c  | ode)                |                   |
| designated in this applicate to complywith the provision       | gistered agent and to accept service of process for the above stated limit tion, Lhereby accept the appointment as registered agent and agree to a ops of all statutes relative to the proper and complete performance of my position as registered agent.  (Registered agent's signature) | ct in this capacity | v. I further agre |
|  | (regionica agent a signature)  |                     |                   |
| 8. The name, title or capa                                     | city and address of the person(s) who has/have anthority to manage is/are  |                     |                   |
| Sharon Mack, Manager   | 1033 NE 17thWay#1501,Ft. Lauderdale, FL 33304  | Production Color    | A, constraint     |
| Timothy Robinson, Mana   | July Control   | 5                   |                   |
| Tashiem Robinson, Man  | ager 1033 NE 17thWay#1501,Ft. Lauderdale, FL 33304   |                     |                   |
|  | of existence, no more than 90 days old, duly authenticated by the official of which has organized. (If the certificate is in a foreign language, a translubmitted)  Signature of an authorized person  |                     |                   |
|  | in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware the Department of State constitutes a third degree felony as provided for i  |                     | ormation          |

Typed or printed name of signee

SharonMack, Manager

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, 1 OAK HOMEBUYERS, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 9, 2016, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 1, 2016.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20160301-2714
You may verify this electronic certificate
online at http://www.nvsos.gov/