M6000005842

(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



600286985406

07/11/16--01039--024 **130.00

16 JUL 20 PH 3: 48

JUL 2 1 2016 Y SULKER

476 = 1.81 912



July 13, 2016

JORGE E BLANCO 782 NW 42 AVE SUITE 641 MIAMI, FL 33126 US

SUBJECT: OCALA NORTH PROPERTY, LLC

Ref. Number: W16000048494

We have received your document for OCALA NORTH PROPERTY, 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):

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), AuthorizedPerson (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

Letter Number: 416A00014634

COVER LETTER

	egistration Section ivision of Corporation	s						
SUBJECT	Ocala North Property	y, LLC						
SCHOLCI	•	Name of Limited Liability Company						
		eign Limited Liability Comp I to register the above refere						
Please retu	rn all correspondence c	oncerning this matter to the	following:					
	Jorge E. Blanco							
Name of Person								
	Jorge E. Blanco	, P.A.						
Firm/Company								
	782 NW 42 Ave., Suite 641							
Address								
	Miami, Florida 33126							
City/State and Zip Code								
	hocariz@oghcpa.	com						
		E-mail address: (to be used	for future annual	report noti	fication)			
For further	information concerning	this matter, please call:						
· Y	amile Perez		305 at (444-004				
_	Name of	Contact Person	Area Code	Day	time 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						
	s a check for the followi \$125.00 Filing Fee	ng amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	□ \$160.00 Filing Fee, C of Status & Certified Cop			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

If name unavailable, enter al	ternate name adopted for the purpos	se of transacting busine	ss in Florida. The alternate nan	ne must include "Limited
Liability Company," "L.L.C,				
Delaware		3, 81-3012766		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)
4.				_
	(Date first transacted busing (See sections 605.0904 & 605	ess in Florida, if prior t 5,0905, F.S. to determin	o registration.) ne penalty liability)	
5				_
999 Ponce de Leon Bly	d., Suite 650, Coral Gables, Flo	rida 33134		
<u></u>	(Street Address of	Principal Office)		
ó		····		_
999 Ponce de Leon Bly	d., Suite 650, Coral Gables, Flo	rida 33134		_
	(Mailing	Address)		
7. Name and street addres	s of Florida registered agent: (P	O. Box NOT accep	etable)	
Name:	Jorge E. Blanco	, , ,	_	است
Office Address:	782 NW 42 Ave., Suite 641			F 6
	Miami		Florida 33126	
	(City)		(Zip code)	SSS
Registered agent's accep Having been named as re	tance: gistered agent and to accept ser	rvice of process for t	he above stated limited liab	ility company ut the place
designated in this applica	tion, I hereby accept the appoin ons of all statutes relative to the	itment as registered	agent and agree to act in th	is capacity. Pfurther agree
	ons of all statutes relative to the my position as registered agent.		e perjormance of my aune.	
		-dE/		
	(Regis	stered agent's signature		
8. The name, title or capa	acity and address of the person(s) who has/have autho	ority to manage is/are:	
Slake CFP, LTD. as	Manager			
0.44.1.1				. 1 . 0
	of existence, no more than 90 do of which it is organized. (If the			
of the translator must be s	ubmitted)			
		7 2 /		_
	Signature	e of an authorized pers	on-	
This document is executed submitted in a document to	I in accordance with section 605. the Department of State constitu	.0203 (1) (b), Florida utes a third degree fe	Statutes. I am aware that an lony as provided for in s.817	y false information 7.155, F.S.

Jorge E. Blanco

Page 1



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

DELAWARE, DO HEREBY CERTIFY "OCALA NORTH PROPERTY 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 TWENTY-THIRD DAY OF JUNE, A.D. 2016.

Authentication: 202549544

Date: 06-23-16