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TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

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| | | | Name of L | imited Liability (| Company | | |
| The end Existen | closed "A ce, and ch | pplication by For neck are submitte | eign Limited Liability Compa d to register the above refere | any for Authoriza nced foreign limit | ition to Tra ted liability | insact Business in Florida," Co company to transact business | rtificate of in Florida. |
| Please | return all | correspondence o | concerning this matter to the f | following: | | | |
| | | MATTHEW W | OLF, ESQ. | | | | |
| Name of Person | | | | | | | |
| WOLF, RIFKIN, SHAPIRO, SCHULMAN & RABKIN, LLP | | | | | | | |
| Firm/Company | | | | | | | |
| | 11400 W. OLYMPIC BOULEVARD, 9TH FLOOR | | | | | | |
| | Address | | | | | | |
| | LOS ANGELES, CA 90064 | | | | | | |
| | City/State and Zip Code | | | | | | |
| SFIRTEL@OROCAP.COM | | | | | | | |
| | E-mail address: (to be used for future annual report notification) | | | | | | |
| For furt | ther infort | mation concerning | g this matter, please call: | | | | |
| | MATTHEW WOLF, ESQ. | | | 310 at (| 478-41(_) | 00 | |
| | | Name o | f 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 | | of Corporations on Section uilding cutive Center Circle | | |
| Enclose | | ck for the follow .00 Filing Fee | ing amount: ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filin Certified Copy | ng Fee & | ■ \$160.00 Filing Fee, Certi of Status & Certified Copy | ficate |

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: ORO CROSS CREEK, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter atternate name adopted for the purpose of transacting business in Florids. The atternate name must include "Limited Liability Company," "L.L.C," or "LL.C.") (Jurisdiction under the law of which (breign limited liability company is organized) (FEI number, if applicable) 6. 11766 WILSHIRE BLVD., SUITE 325 5. _1411 MANOTAK AVENUE (Street Address of Principal Office) (Mailing Address) JACKSONVILLE, FLORIDA 32210 LOS ANGELES, CA 90025 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) PARACORP INCORPORATED Name: Office Address: 155 Office Plaza Drive, 1st Floor **TALLAHASSEE** Florida 32301 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. Please see the attached (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity; Name and Address: Title or Capacity: Name and Address: MANAGER OF SOLE ORO MANAGER III MEMBER 3556 E RUSSEL ROAD, 2ND FL VEGAS, NV 89120 (Use attachments if necessary) 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) 10. 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. f on authorized person AUthorized religionation

Typed or printed name of signes

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 08/16/2017

ENTITY NAME: Oro Cross Creek, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Milton Vong Assistant Secretary

Paracorp Incorporated

2017 AUG 17 AM 9: 28



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

DELAWARE, DO HEREBY CERTIFY "ORO CROSS CREEK, 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-FOURTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ORO CROSS CREEK, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JULY, A.D. 2017.

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

Authentication: 202936360

Date: 07-24-17

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