

M18000002843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

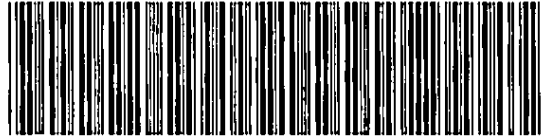
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MAR 23 2018

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 MAR 23 AM 10:02



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 2, 2018

WILLIAM MARTINES  
401 S OLD WOODWARD AVE STE 435  
BIRMINGHAM, MI 48009 US

SUBJECT: OLP-FL 2, LLC  
Ref. Number: W18000011010

We have received your document for OLP-FL 2, LLC and your check(s) totaling \$390.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Brittany M Figueroa  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 818A00002267

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: OLP-FL 2, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

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:

\_\_\_\_\_  
William Martines

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
One Lily Pad, LLC

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
401 S Old Woodward Ave Suite 435

\_\_\_\_\_  
Address

\_\_\_\_\_  
Birmingham MI 48009

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
william@onelilypad.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Carrie Zhang

\_\_\_\_\_  
Name of Contact Person

at ( 248 )

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
590-0700

\_\_\_\_\_  
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

☐ \$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. OLP-FL 2, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")
- (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.")
2. Michigan  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 32-0513936  
(FEI number, if applicable)
4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 401 S Old Woodward Ave  
(Street Address of Principal Office)  
Suite 435  
Birmingham MI 48009
6. 401 S Old Woodward Ave  
(Mailing Address)  
Suite 435  
Birmingham MI 48009

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Ian Fox

Office Address: 4900 SW 46<sup>th</sup> Ct #1705  
Ocala, Florida 34474  
(City) (Zip code)

**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.

Ian Fox  
(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:
President	William Martinez 2063 Hillsdale Shelby Township MI 48316		

(Use attachments if necessary)

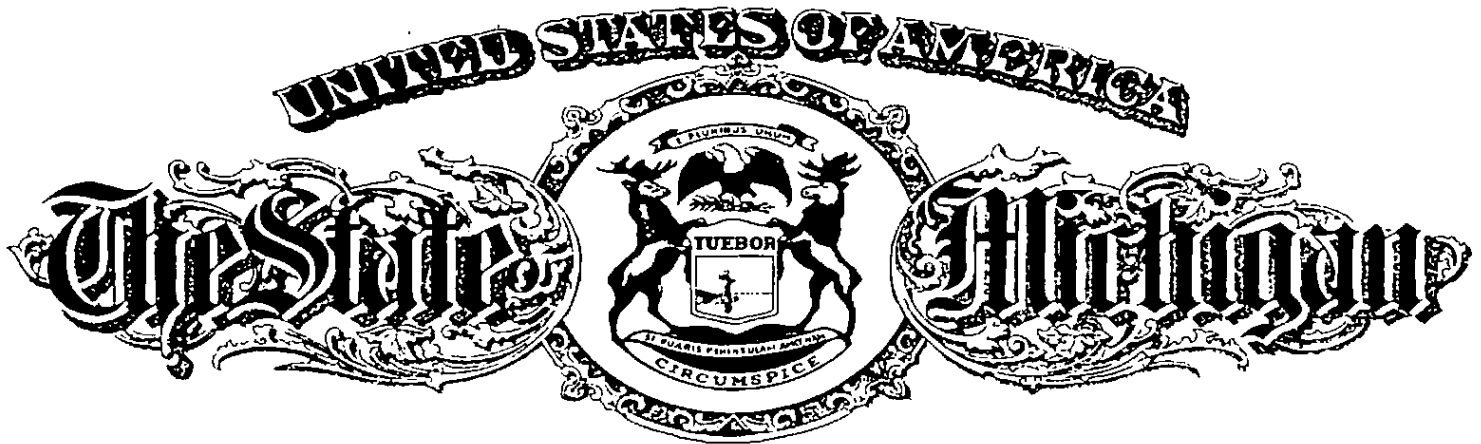
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be 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.

William Martinez  
Signature of an authorized person

William Martinez  
Typed or printed name of signer

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 MAR 23 AM 10:00



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That  
OLP-FL 2, LLC

was validly authorized on December 7, 2016, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY,  
and said limited liability company is validly in existence under the laws of this state and has satisfied its  
annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is  
in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit  
given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 27th day of February, 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau