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Foreign Limited Liability Company OAK TREE ST AUGUSTINE LLC

Certificate of Status Certified Copy Page Count 03 Estimated Charge \$125.00

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA H18000103965 3

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

711/2	and the state of t	The Street of th	175. O
		orida. The Sternate peace must behade "Limited Liability Company," "LLLC," or "LLC.")	
2. DELAWARE (Jurisdiction under the law of which locales limited liability company is organized)		3. APPLIED FOR (FIT mice	aber, it applicable)
4	(Dute first transacted business in Florida, if prio (See sections 605,0904 & 605,0905, F.S. to det	or to registration.)	
s 1389 ISLAMOR		6. 1389 ISLAMORAD	A DRIVE
(Street Address of Procipal Office) JUPITER, FLORIDA 33458		(hasiling Address)	
JUPITER, FLOR	BDA 33458	JUPITER, FLORIDA	A 33458
·			
7. Name and street addres	ss of Florida registered agent: (P.O. E	Roy NOT acceptable)	
	JAMES S KARAS	ox <u>1101</u> accopiancy	_,
Nume:			71 23 E
Office Address:	1389 ISLAMORADA DRIVE		
	JUPITER	, Florida 33458	, re-ai
Registered agent's acces	(Сяу)	(Vip ce	de)
Having been named as re	gistered agent and to accept service i	of process for the above stated limite	d llability company at the place
designated in this applica	tion, I hereby accept the appointmen		
		u as registereu agent ana agree to ac	i in this capacity. I further our e
to comply with the provis	ions of all statutes relative to the proj	n as registered agent and agree to ac per and complete performance of my	t in this capacity. I further agre- duties, and I am familiar with
to comply with the provis and accept the obligation	ions of all statutes relative to the proj s of nly position as registered agent.	ti as registered agent and agree to accover and complete performance of my	in this capacity. I Juritier agre duties, and I am familiar with
to comply with the provis and accept the obligation	ions of all statutes relative to the proj s of my position as registered agent.	per and complete performance of my S Harus	duties, and I am familiar with
und accept the obligation	ions of all statutes relative to the project of the project of my position as registered agent. (Registered agent)	Der and complete performance of my Survey ni's significe)	duties, and I am familiar with
and accept the obligation 8. The name, title or cap	ions of all statutes relative to the project of my position as registered agent. (Registered agent acity and address of the person(s) who	Der and complete performance of my Supular pi's signature) D has/have authority to manage is/are:	duties, and I am familiar with
8. The name, title or cap Title or Capacity:	ions of all statutes relative to the project of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address:	Der and complete performance of my Survey ni's significe)	duties, and I am familiar with
and accept the obligation 8. The name, title or cap	s of all statutes relative to the project of any position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: JAMES S KARAS	Der and complete performance of my Supular pi's signature) D has/have authority to manage is/are:	duties, and I am familiar with
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8. The name, title or cap Title or Capacity:	acity and address of the person(s) who Name and Address: JAMES S KARAS 1300 GAMENTA DRIVE	Der and complete performance of my Supular pi's signature) D has/have authority to manage is/are:	duties, and I am familiar with
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8. The name, title or cap Title or Copacity: MANAGER (Use attachments if neces	acity and address of the person(s) who Name and Address: JAMES S KARAS 1342 SELAMORADA DRIVE JEFFER PLOADA 3-456	Der and complete performance of my Sucur mis signature) De has/have authority to manage is/are: Title or Capacity:	Name and Address:
8. The name, title or cap Title or Capacity: MANAGER (Use attachments if neces)	acity and address of the person(s) who Name and Address: JAMES S KARAS 1342 134 134 134 134 134 134 134 134 134 134	Description of my Superior and complete performance of my Superior	Name and Address:
8. The name, title or cap Title or Capacity: MANAGER (Use attachments if neces 2. Attached is a certificate jurisdiction under the law	acity and address of the person(s) who Name and Address: JAMES S KARAS INDICATORIA SMSS INDICATORIA SMSS Sary) e of existence, no more than 9U days of of which it is organized. (If the certification) the companied of the certification	Shave authority to manage is/are: Title or Capacity:	Name and Address:
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8. The name, title or cap Title or Capacity: MANAGER (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s	sof my position as registered agent. (Registered agent. (Registered agent. (Registered agent. Address: JAMES S KARAS (SERVICE PROPER PLONE) Sary) of existence, no more than 90 days of of which it is organized. (If the certification in the company of the certification in accordance with section 605.0).	one and complete performance of my Survey authority to manage is/are: Title or Capacity: Id, duly authoriticated by the official he cate is in a foreign language, a translature of an authorized exercise.	Name and Address: eving custody of records in the tion of the certificate under oath
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8. The name, title or cap Title or Capacity: MANAGER (Use attachments if neces Attached is a certificate trisdiction under the law of the translator must be s	Sary) sof existence, no more than 90 days of of which it is organized. (If the certific to the Department of State constitutes a JAMES STATE	one and complete performance of my Survey authority to manage is/are: Title or Capacity: Id, duly authoriticated by the official he cate is in a foreign language, a translature of an authorized exercise.	Name and Address: eving custody of records in the tion of the certificate under oath



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OAK TREE ST AUGUSTINE 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 SECOND DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OAK TREE ST AUGUSTINE LLC" WAS FORMED ON THE SECOND DAY OF APRIL, A.D. 2018.

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

> A. UL

6826668 8300

SR# 20182356771

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202433070

Date: 04-02-18

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