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(((H18000301347 3)))



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Foreign Limited Liability Company Centaurus Oasis Two, LLC

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EXAMINER

To: 18506176381 From: 14694451465 Date: 10/26/18 Time: 9:43 AM Page: 02/04
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October 19, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LEGALINC CORPORATE SERVICES INC

SUBJECT: CENTAURUS OASIS TWO, LLC

REF: W18000090917

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Octavia L Simmons Regulatory Specialist III Registration Section FAX Aud. #: H18000301347 Letter Number: 418A00021419 To: 18506176381 From: 14694451465 Date: 10/26/18 Time: 9:43 AM Page: 03/04

(((H18000301347 3)))

(((H180003013473)))

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

	TTION 605.0902, FLORIDA STATUTES, TI USINESS INTHE STATE OF FLORIDA:	HE FOLLOWING IS SUBMITTE.	D TO REGISTER A FO	DREIGN LIMITED LIAB	i <u>IL</u> TN
1. Centau (Name of Foreign	(US OANS TWO	imited Liability Company," "L.L.	C.," or "LLC.")		
2 Delawa	name adopted for the purpose of transacting business	in Florida. The atternate many must incl			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, if applie	able}	
4	(Date first transacted business in Florida, if p. (See sections 603 0904 & 605 0905, F.S. to d	inr to registration.) etermine penalty liability)			
5. 1001 BTCKel	Bay Dr. #1200)	6. <u>1001 Brī</u>	TKell Bay (Mailing Address) FL 3313	Dr. +11100	
Mami, FL	33131	Mianel,	FL 3313		
				ZUN OCH	•
7. Name and street address	ss of Florida registered agent; (P.O.) -
Name:	Oscar Ginsales-R			25 SEC. 25 SEC	3
Office Address:	1001 Brickpll Bay	Dr. #1200	22121	E:FLO	
Registered agent's accep	Manu (Cry)	, Florida	(Zip code)	200 Z	5
designated in this applica to comply with the provisi and accept the obligations	gistered agent and to accept sérvice tion, I hereby accept the appointme ons of all statutes relative to the pro- st of my position as registered agent. Reginered as	nt as registered agent and a per and complete performa	gree to act in this c nce of my duties, a	opacity. I further ag	ree
8. The name, title or capa Title or Capacity:	city and address of the person(s) who Name and Address:	Title or Capacity:	ge is/are: Name	and Address:	
Mbl	Karim Mosam 1001 Bitchell Ray H1200 Miami, FL 3313	<u>Dr</u> .			
			<u> </u>		_
(Use attachments if necess	ary)		, -, -		
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 days of if which it is organized. (If the certifi bmitted)	ld, duly authenticated by the cate is in a foreign language	official baving cust, a translation of the	ody of records in the certificate under oat	h
	tted in accordance with section 605.0 the Department of State constitutes a				
	Signa	nuro of an authorized person			
	Kartm Mc	gunes			

(((H180003013473)))

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTAURUS OASIS TWO 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 SIXTEENTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTAURUS OASIS TWO LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF MARCH, A.D. 2014 AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN

5503071 8300 SR# 20187161622 You may verify this certificate online at corp.delaware.gov/authver.shtml

PAID TO DATE.

Authentication: 203619547

Date: 10-16-18