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18 DEC 17 PM 4: 51

NEPARIMENTO SIAI

D. SCOTT DEC 1 8 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 547579 5061335

AUTHORIZATION : Swell Blance

COST LIMIT : \$(125.00

ORDER DATE: December 17, 2018

ORDER TIME : 2:52 PM

ORDER NO. : 547579-005

CUSTOMER NO: 5061335

## FOREIGN FILINGS

NAME: OAKFORD MABRY LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

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

IN COMPLIANCE WITH SECTION 605.0902, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF PLORIDA:

1. Oakford Mabry LLC	Limited Linkillan Comment on the Fift	imited Liability Company, "L.I.C.," or "LLC.	
(. value of 1 oreig	a company, must include 1,	amited transmity Company, "L.L.C.," or "LLC.	")
(If name unavailable, enter ofternate	name adopted for the purpose of transacting business	in Florida. The atterrate name must include "Limited L	iability Company," "L L C," or "LLC ")
2. Delaware		3.	
t furnisher ton under the law of s	which foreign limited hability company is organized)	(FEI mu	mber, if applicable)
4.			
	(Date first transacted business in Florida, if pri (See sections 605 0014 & 605 0005, F.S. to de	or to registration	
5 1715 West Cleveland			
(Street Address of	Principal Office)	6. P.O. Box 18153 (Mailing Ac	ktress)
Tampa, FL 33606		Tampa, FL 33679	•
7. Name and street addre	ss of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	್ಷ ಜ್ಞಾ
Name:	Corporation Service Company		
Name:		<del></del>	문
Office Address:	1201 Hays Street		
	Tallahassee	. Florida 32301	مرابع المرابع
	(City)	. Р.ЮПОВ (Хір со	ske)
Registered agent's accep		of process for the above stated limite	
and accept the obligation	s of my position as registered agent.  Corporation Service Company By:		Roxanne Turner Asst. Vice President
	(Registered age	m's signature)	
8. The name, title or capa	acity and address of the person(s) who	o has/have authority to manage is/are:	
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
MGR	Oceana Azul LLC		
	1715 West Cleveland Stree	et	<del></del>
	<u>Tampa, FL 33606</u>		
	<del>-</del>		
(Use attachments if neces	carv)		
(Use attachments if neces	-		
). Attached is a certificate	of existence, no more than 90 days of	ld, duly authenticated by the official ha	aving custody of records in the
). Attached is a certificate	of existence, no more than 90 days of of which it is organized. (If the certifi-	ld, duly authenticated by the official hacate is in a foreign language, a translat	aving custody of records in the tion of the certificate under oath
2. Attached is a certificate urisdiction under the law of the translator must be su	of existence, no more than 90 days of of which it is organized. (If the certifical bmitted)	cate is in a foreign language, a transla	tion of the certificate under oath
O. Attached is a certificate urisdiction under the law of the translator must be suit.  10. This document is executed.	of existence, no more than 90 days of of which it is organized. (If the certification itself)	cate is in a foreign language, a translat 203 (1) (b). Florida Statutes I am awa	tion of the certificate under oath
O. Attached is a certificate urisdiction under the law of the translator must be suit.  10. This document is executed.	of existence, no more than 90 days of of which it is organized. (If the certification itself)	cate is in a foreign language, a transla	tion of the certificate under oath
O. Attached is a certificate urisdiction under the law of the translator must be suit.  10. This document is executed.	of existence, no more than 90 days of of which it is organized. (If the certification itself) used in accordance with section 605 0 the Department of State constitutes a	cate is in a foreign language, a translated to the categories of t	tion of the certificate under oath
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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "OAKFORD MABRY 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 SEVENTEENTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OAKFORD MABRY LLC" WAS FORMED ON THE SIXTEENTH DAY OF OCTOBER, A.D. 2017.

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



Authentication: 204115820

Date: 12-17-18

6579204 8300 SR# 20188189181

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