

6/11/2019

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company 1 OAK VENTURES STEP FUND LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

19 JUN 11 PM 2:13

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JUN 12 2019

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

IN COMPLIANCE WITH SECTION 660.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 OAK VENTURES STEP FUND LLC

Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.L.C."

(f) name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," "Co." or "Corp."

NEVADA

jurisdiction and the law of which through limited liability company is organized

3. _____
(PEI number, if applicable)

(Date first completed business in U.S. or prior to registration.)
(See sections 605.0901 to 605.0905, I.R.S. to determine penalty liability.)

2901 W CCASL HWY

5. _____
(Street Address of Principal Office)

NEWPORT BEACH CA 92663

6. _____
 Informant Address is:

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

CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation _____, Florida 33524
(City) (Zip code)

 $(\text{C}_{10}\text{H}_8)$

(1954)

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.

CT Corporation System
By:

(Reprinted with permission)

Assistant Secretary

10 JUN 11 AM 9:34
LEGATION CONSULATE
ITALY MIAMI FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:
☒ Manager Name: 1 OAK VENTURES LLC
☐ Member Address: 2901 W. COAST HWY
☐ Authorized NEWPORT BEACH CA 92663
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: MICHAEL SOLIZ JR
☐ Member Address: 2901 W COAST HWY
☒ Authorized NEWPORT BEACH CA 92663
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:
☒ Manager Name: IN FINANCIAL SERVICES LLC
☐ Member Address: 2635 BRONZEWOOD DR
☐ Authorized TUSTIN, CA 92782
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Signature of authorized person

Michael A. Soliz Jr

Typed or printed name of signer

19 JUN 11 AM 9:54
 STATE OF FLORIDA
 DEPARTMENT OF STATE
 TALLAHASSEE, FL 32304

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **1 OAK VENTURES STEP FUND LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 12, 2019, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 11, 2019.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20190611-0408