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Certified Copies	Certificates o	of Status		
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	••	COVER LETTER	7	ž.,		
TO: Registration Section Division of Corporation	15					
Oak Street Propertie SUBJECT:	es, LLC					
SUBJECT:	Nar	ne of Limited Liability C	Company			
The enclosed "Application by For Existence, and check are submitted						
Please return all correspondence c	concerning this matter	to the following:				
Kathleen M. Sp	xerl-Bell					
		Name of Person				
Oak Street Prop	perties, LLC					
		Firm/Company			2	
1504 Savannah	1504 Savannah Rd.				22 عال 102	
		Address		- 金属 を対	UL 2	
Lewes, DE 199	58-1624			33.0 0.10		i T
	(City/State and Zip Code		77 S	_ <u></u>	Ţ
kathy@activeadu	ıltsrealty.com			ORID	PM 4: 07	
	E-mail address: (to b	be used for future annual	report notification)			
For further information concerning	g this matter, please co	الد:				
Kathleen M. Sperl-Bell		302	542-1203			
Name o	of Contact Person	at (at Code	Daytime Telep	phone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRE Division of Corpora Registration Section Clifton Building 2661 Executive Cer Tallahassee, FL 32	ations n nter Circle		
Enclosed is a check for the Please make check payab		PARTMENT OF STAT	re			
\$125.00 Filing Fee	\$130.00 Filing Certificate		Filing Fee & Copy	\$160.00 Filing I of Status & Cert		

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTEN THE FOLLOWING INSURMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Oak Street Properties, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company;" "I, L.C.," or "LLC") If name unavailable, onter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC." or "LLC." 20-1695659 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date lirst transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 1504 Savannah Rd. 1504 Savannah Rd. 5. (Street Address of Principal Office) (Mailing Address) Lewes, DE 19958-1624 Lewes, DE 19958-1624 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) William A. Bell Name: 119 Cortez Drive, Unit G-3 Office Address: Islamorada 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.

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:	Title or Capacity:	Name and Address:
Manager	Name: Kathleen M. Sperl-Bell		Name: William A. Bell
Member	Address: 1504 Savannah Rd.	Member	Address: 1504 Savannah Rd.
□Authorized	Lewes, DE 19958-1624	Authorized	Lewes, DE 19958-1624
Person		Person	
Other	Other	Other	Other
∐Manager	Nume:	☐ Manager	ZO19 JUL TALLAH Name:
_			231 N -
Member	Address:	Member	Address: ST N
Authorized		Authorized	
Person		Person	<u></u>
Other	Other	Other	Om I Mther
Manager	Name:	Manager Manager	Name:
Member	Address:	☐ Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
indexed individuals 9. Attached is a cert jurisdiction under the of the translator mu 10. This document is	s executed in accordance with section 605.020 ment to the Department of State constitutes a t	lorida Department of State, duly authenticated by the steep is in a foreign language, 33 (1),(b), Florida Statutes.	Annual Report form. official having custody of records in the a translation of the certificate under oath. I am aware that any false information.
	/ Kathleen M. Sperl-Bell	i .	
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Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY THAT "OAK STREET PROPERTIES, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR

REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

A.D. 2004, AT 11:03 O'CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE THIRTY-FIRST DAY OF JANUARY, A.D. 2007, AT 8 O'CLOCK A.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE NINETEENTH DAY OF MARCH, A.D. 2012, AT 10:54 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "OAK STREET PROPERTIES,

LLC".

Authentication: 203174118

Date: 07-09-19

3833795 8310 SR# 20195846877



AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OAK STREET PROPERTIES, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JULY, A.D. 2004.

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

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