APPLICATION FOR AUTHORITY

Corporation Division
sos.oregon.gov/business

E-FILED
Oct 28, 2024
OREGON SECRETARY OF STATE

REGISTRY NUMBER

232459198

TYPE

FOREIGN LIMITED LIABILITY COMPANY

1. ENTITY NAME

CF LAURELHURST LLC

2. MAILING ADDRESS

20900 NE 30TH AVE
STE 510
AVENTURA FL 33180 USA

3. NAME & ADDRESS OF REGISTERED AGENT

51329093 - NORTHWEST REGISTERED AGENT LLC

2355 STATE ST STE 101
SALEM OR 97301 USA

4. MEMBERS/MANAGERS

MEMBER

JOHN LAINE

20900 NE 30TH AVE
STE 510
AVENTURA FL 33180 USA

5. MANAGEMENT

This Limited Liability Company will be member-managed by one or more members

6. DATE OF ORGANIZATION

09-13-2024

7. DURATION

PERPETUAL

8. JURISDICTION

DE

9. PRIMARY PHYSICAL LOCATION

2355 STATE ST STE 101
SALEM OR 97301 USA

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, managers, members or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

NAT SMITH

TITLE

PREPARER

DATE

10-25-2024