



# Application for Authority to Transact Business - Foreign Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - <http://www.filinginoregon.com> - 503-534-0000 1 #2700

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OREGON  
SECRETARY OF STATE

REGISTRY NUMBER:

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In accordance with Oregon Revised Statute 182.410-182.480, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1) NAME: Eclipse Cascade RE Oaks, LLC

NOTE: (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.") Must be identical to the name of record in home jurisdiction.

2) REGISTRY NUMBER IN HOME JURISDICTION

OR: CERTIFICATE OF EXISTENCE ☒ (ATTACHED)

(Please provide a web-verifiable registry number from the entity's home jurisdiction. Certain states, such as Delaware and New Jersey, do not provide status information online. Entities from such places must instead attach an official certificate of existence, current within 60 days of delivery to this office.)

3) DATE OF ORGANIZATION: DURATION, IF NOT PERPETUAL:

3/12/2014

7) REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:

(Must be an Oregon Street Address, which is identical to the registered agent's business office.)

388 State Street, Ste. 420

Salem, OR 97301

8) ADDRESS OF PRINCIPAL OFFICE OF THE BUSINESS:

3820 Mansell Road, Suite 280

Alpharetta, GA 30022

4) STATE OR COUNTRY OF ORGANIZATION:

Delaware

9) ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

Attn: Christina K. Firth, c/o FC Eclipse Investment, LLC

3820 Mansell Road, Suite 280, Alpharetta, GA 30022

5) THIS FOREIGN LIMITED LIABILITY COMPANY SATISFIES THE REQUIREMENTS OF ORS 63.714(3).

6) NAME OF OREGON REGISTERED AGENT:

C T Corporation System

10) HOW WILL THIS LIMITED LIABILITY COMPANY BE MANAGED?

☒ This LLC will be member-managed by one or more members.

☐ This LLC will be manager-managed by one or more managers.

11) EXECUTION: (At least one member or manager must sign.)

By my signature, I declare as an authorized authority, that 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.

Signature:

Printed Name:

Christina K. Firth

Title:

Authorized Representative

on behalf of Eclipse Cascade Properties,

LLC - Member

CONTACT NAME: ECLIPSE CASCADE RE OAKS, LLC

ECLIPSE CASCADE RE OAKS, LLC



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## FEES

Required Processing Fee \$275

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."

Free copies are available at [FilingInOregon.com](http://FilingInOregon.com), using the Business Name Search program.