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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Leo@Bethel Place GP, I	nc.	
	ime of corporation - t	nust include suffix
Dear Sir or Madam:		
	cate of Good Standir	thorization to Transact Business in Florida," ng" and check are submitted to register the in Florida.
Please return all correspondence con-	cerning this matter to	the following:
Osvaldo F. Torres, Esq.		
	Name of Pe	rson
Torres Law, P.A.		
	Firm/Compa	ny
888 Southeast Third Avenue, Suite 400		
	Address	
Fort Lauderdale, Florida 33316		
	City/State and	Zip code
ozzie@torreslaw.net		
E-mail add	dress: (to be used for	future annual report notification)
For further information concerning th	nis matter, please call	:
Osvaldo F. Torres	754 at ()	300-5815
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Ψ1	A DEPARTMENT O Filing Fee & □ \$	F STATE 78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Leo@Bethel Plac	e GP, I	inc.			
•.	(Enter name of con		on; must include "INCORPORATED," "COMPANY," "CORPORATION," nc," "Co," or "Corp.")			
	(If name unavailab	ole in F	lorida, enter alternate corporate name :	adopted for the purpose of transacting business in Florida)		
2.	Delaware		3.	88-1874800		
	(State or country	under	the law of which it is incorporated)	(FEI number, if applicable)		
4.	March 29, 2022		5			
	(Date o	of incor	poration) 5.	(Date of duration, if other than perpetual)		
6.		ļ				
			(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)		
7	17501 Biscayne Bo	oulcvat	d, Suite 300, Aventura, Florida 33160			
٠٠,			(Principal offic	ce <u>street</u> address)		
			(Current mailin	g address, if different)		
				E B	7	
8.	Name and street	addre:	s of Florida registered agent: (P.O). Box NOT acceptable)	٣	
	Name:	Тогге	s Law, P.A.	ي اين	, i	
O	ffice Address:	888 S	outheast Third Avenue, Suite 400	g address, if different) D. Box NOT acceptable) Florida 33316 (7in code)	-	
		Fort L	auderdale	, Florida	• [] ()	
			(City)	(Zip code)		
H de fu	signated in this a rther agree to co	d as re applica mply: w	gistered agent and to accept service tion, I hereby accept the appointnets the provisions of all statutes re	ce of process for the above stated corporation at the placement as registered agent and agree to act in this capacity. elative to the proper and complete performance of my dustion as registered agent.	I	
			(Registered agent's si	gnature)		
th		State, b	the Secretary of State or other of	not more than 90 days prior to delivery of this application ficial having custody of corporate records in the jurisdicti		

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

7	
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17	
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A. DIRECTORS	ļ				
□ Chairman	Name _	Stephen L. Vecchitto	□Chairman	Name:	L. Vecchitto
□Vice Chairman	Address	17501 Biscayne Boulevard	□Vice Chairman	Address:	01 Biscayne Boulevard
Director	Suite 10	0	□Director	Suite 300	
■ President	Aventur	a, Florida 33160	□President	Aventura, Flo	orida 33160
□Vice President			■Vice President		
■ Secretary		■Treasurer	Secretary		☐Treasurer
□Other		□ Other	□Other		□Other
□Chairman □Vice Chairman	Name:	Matthew V. Zaverucha 17501 Biscayne Boulevard	□Chainnan	175	A. Mariano Ol Biscayne Boulevard
Director	Suite 4	00	□Director	Suite 300	
□President	Aventu	ra, Florida 33160	□President	Aventura, Flo	orida 33160
■ Vice President			■Vice President		
Secretary	ı	□Treasurer	Secretary		☐ Treasurer
Other	<u></u>	Other	Other		□Other
□Chairman			□Chairman	Name:	
_	74001033				73 2
☐ Director ☐ President			☐ Director ☐ President		<u> </u>
□Vice President			□Vice President		0: F
□ Secretary		□Treasurer	□ Secretary		OTreasurer 5
Other		Other	□Other		☐Other
12.	A T	schment to report more than six (6). The atta the index when filing your Florida Departments Signature of Director of	r Officer		
		githis document (and who is listed in numbe action submitted in a document to the Depart			
13. Stephen L.					
	((Typed or printed name and capacity of person	on signing application	1)	

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LEO@BETHEL PLACE GP, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF DECEMBER, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEO@BETHEL PLACE GP, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF MARCH, A.D. 2022.

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

FILE PH 4: 40



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Date: 12-13-22