

#A13000000652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

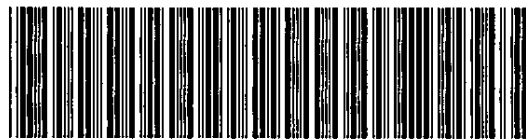
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900252805629

10/21/13--01055--007 **1000.00

FILED

13 OCT 21 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

OCT 22 2013

kenneth a. wenzel, p.a.
kwenzel@hnrwlaw.com
d - 561.862.4118
f - 561.862.4966

October 18, 2013

Via UPS Next Day Delivery
Registration Section
Florida Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: AVENTURA OAKS LLLP, a Florida limited liability limited partnership
Our File No. AV011413.01

Ladies and Gentlemen:

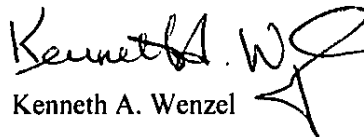
With reference to the above captioned entity, included are the following items:

1. Signed Certificate of Limited Partnership for Florida Limited Liability Limited Partnership.
2. Check in the amount of \$1,000 payable to the Florida Department of State which represents the Filing Fees for the enclosed Certificate.

If you have any questions regarding this filing, please do not hesitate to contact me. Thank you.

Very Truly Yours,

Hankins Northwood Roman Wenzel P.L.


Kenneth A. Wenzel

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVENTURA OAKS LLLP

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

KENNETH A. WENZEL

Contact Person

HANKINS NORTHWOOD ROMAN WENZEL P.L.

Firm/Company

1800 N. MILITARY TRAIL, SUITE 160

Address

BOCA RATON, FLORIDA 33431

City, State and Zip Code

KWENZEL@HNRWLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KENNETH A. WENZEL

Name of Contact Person

at (561)

862-4118

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) ☐ \$1,008.75 Filing Fees and Certificate of Status ☐ \$1,052.50 Filing Fees and Certified Copy ☐ \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CR2E030 (01/06)

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

FILED
13 OCT 21 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. AVENTURA OAKS LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

2. C/O ODED T. MELTZER

(Street address of initial designated office)

6431 COW PEN ROAD, MIAMI LAKES, FL 33014

3. ODED T. MELTZER

(Name of Registered Agent for Service of Process)

4. 6431 COW PEN ROAD

(Florida street address for Registered Agent)

MIAMI LAKES, FL 33014

5. *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.*



Signature of Registered Agent

6. 6431 COW PEN ROAD, MIAMI LAKES, FL 33014

(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box ☒

8. Name and business address of each general partner:

Name:

Business Address:

AVENTURA OAKS GP, LLC

c/o Oded T. Meltzer, Manager

6431 Cow Pen Road

Miami Lakes, FL 33014

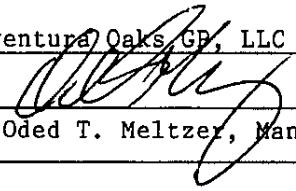
9. Effective date, if other than the date of filing: Filing Date

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 17 day of October, 2013

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are 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.

Aventura Oaks GP, LLC

By: 
Oded T. Meltzer, Manager

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

\$52.50

\$8.75