

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : BILZIN, SUMBERG BAENA PRICE & AXELROD LLP.
Account Number : 075350000132
Phone : (305) 374-7580
Fax Number : (305) 351-2122

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FLORIDA/FOREIGN LP/LLP

ALV FOUNTAINS LLLP

Certificate of Status	0
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H060002900543

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. ALV FOUNTAINS 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.

(If name unavailable, name under which the limited partnership or limited liability limited partnership
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. DELAWARE

(State or Country of Formation)

3. DECEMBER 5, 2006

(Date of Formation)

4. GRANVIL TRACY

(Name of Registered Agent for Service of Process)

5. ONE SOUTHEAST THIRD AVENUE, #3100

(Florida street address for Registered Agent)

MIAMI, FLORIDA 33131

6. 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 Agent7. ONE SOUTHEAST THIRD AVENUE, #3100

(Principal office address)

MIAMI, FLORIDA 331318. If limited partnership is a limited liability limited partnership, check box ☒SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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9. ONE SOUTHEAST THIRD AVENUE, #3100

(Mailing address)

MIAMI, FLORIDA 33131

10. Name, principal office address, and mailing address of each general partner:

THE FOUNTAINS APARTMENTS LLC

(Name)

LDL-29908

One Southeast Third Avenue, Suite #3100

(Street Address)

Miami, Florida 33131

SAME AS ABOVE

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

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_____ (Name)	_____ (Street Address)
	_____ (Mailing Address)
_____ (Name)	_____ (Street Address)
	_____ (Mailing Address)

11. Effective date, if other than the date of filing: Upon Filing

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

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 5 day of December, 20 06Signature of a general partner:
The Fountains Apartments LLCBy: _____
Sole MemberFILED
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Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALV FOUNTAINS LLLP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF DECEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALV FOUNTAINS LLLP" WAS FORMED ON THE FIFTH DAY OF DECEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5253279

DATE: 12-06-06

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