

B1100000258
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please**

Email Address: _____

**FLORIDA/FOREIGN LP/LLP
ARTESIA NAPLES (MASTER) ASLI VI, L.L.L.P.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$1,000.00

D. BRUCE

DEC 28 2011

EXAMINER

RECEIVED
11 DEC 23 AM 6:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ARTESIA NAPLES (MASTER) ASLI VI, L.L.L.P.**
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.
Please return all correspondence concerning this matter to:

Contact Person

Firm/Company

Address

City, State and Zip Code

AKABOUREK@AVANTIPROP.COM

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

For further information concerning this matter, please call:

Name of Contact Person

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 Fee, Certified Copy, and Certificate of Status
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STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2691 Executive Center Circle
Tallahassee, FL 32301

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

FILED
11 DEC 28 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTESIA NAPLES (MASTER) ASLI VI, L.L.L.P.

(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 L.L.P.

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 22, 2011

Date of Formation

4. Federal Employer Identification Number: _____

5. Name of Registered Agent for Service of Process and Florida Street Address:

Marvin M. Shapiro

923 N. Pennsylvania Avenue

Winter Park, FL 32789

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 Agent

7. Principal Office:

923 N. Pennsylvania Avenue

Winter Park, FL 32789

8. Mailing Address:

923 N. Pennsylvania Avenue

Winter Park, FL 32789

9. If limited partnership is a limited liability limited partnership, check box.

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

Name of General Partner: Avanti Management Corporation

Name of General Partner: _____

Street Address: 923 N. Pennsylvania Avenue

Street Address: _____

Winter Park, FL 32789

Mailing Address: P96000083878

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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TALLAHASSEE, FLORIDA

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of 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 21st day of December, 202011

SEE ATTACHED SIGNATURE PAGE

Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

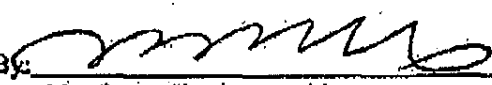
Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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 TALLAHASSEE, FLORIDA

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

SOLE GENERAL PARTNER:

AVANTI MANAGEMENT CORPORATION, a
Florida corporation

By: 

Marvin M. Shapiro, President

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARTESIA NAPLES (MASTER) ASLI VI, L.L.L.P." 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 TWENTY-SECOND DAY OF DECEMBER, A.D. 2011.

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



5085059 8300

111326347

You may verify this certificate online
at corp.delaware.gov/authvar.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9249873

DATE: 12-22-11