

B220000000536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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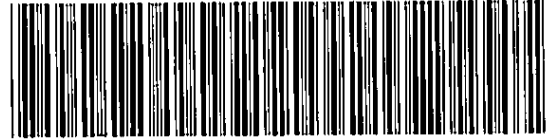
(Business Entity Name)

(Document Number)

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Name:	VIVERE AL LP
Document #:	
Order #:	14644447

Certified Copy of Arts & Amend:	<input type="checkbox"/>	1-2 Filing LLC Qualification 1st - LP 2nd	
Plain Copy:	<input type="checkbox"/>		
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Amount: \$ 1061.25

Thank you!

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

1. Vivere AL LP

(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

11-17-2022

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number _____

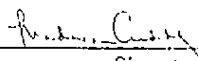
5. Name of Registered Agent for Service of Process and Florida Street Address:

C T Corporation System

1200 S. Pine Island Road

Plantation, FL 33324

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

Madonna Cuddihy

Assistant Secretary

7. Principal Office:

4890 W. Kennedy Blvd., Suite 900

Tampa, FL 33609

8. Mailing Address:

4890 W. Kennedy Blvd., Suite 900

Tampa, FL 33609

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 Gen. Ptr.: Vivere AL GP LLC

Name of Gen Ptr.: _____

Street Address: 4890 W Kennedy Blvd., #900

Street Address: _____

Tampa, FL 33609

Mailing Address: 4890 W Kennedy Blvd., #900

Mailing Address: _____

Tampa, FL 33609

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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 _____ 18th _____ day of November _____ 2022

By: Vivere AL GP LLC

By: _____
Joseph G. Lubek, President

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

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIVERE AL LP" 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 EIGHTEENTH DAY OF NOVEMBER, A.D. 2022.

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



7142798 8300


Jeffrey W. Bullock, Secretary of State

Authentication: 204895297