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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate:	12/27/2022	
		Acc#I20160000	072 W: CDW
Name:	LEO@BE	THEL PLACE INVE	STORS, LP
Document #:			
Order #:	14695427	- 9	
Certified Copy of Arts & Amend: Plain Copy:		· · · · · · · · · · · · · · · · · · ·	
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		Thank you!)

COVER LETTER

Division of C					
SUBJECT: Lco@Bet	hel Place Investors, LP				
N	ame of Foreign Limited Partne	Foreign Limited Partnership or Limited Liability Limited Partnership			
partnership to transact		_	gister a foreign limited partnership or limited liability limited		
Osvaldo F. Torres, Es	1.				
	Contact Person				
Torres Law, P.A.					
	Firm/Company				
888 Southeast Third A	venue Suite 400				
	Address				
Fort Lauderdale, Flori	da 333 6				
	City, State and Zip Code				
ozzie@torreslaw.net					
E-mail address: (to b	e used for future annual report	notification)			
For further information	concerning this matter, please	call:			
Osvaldo F. Torres		754 3	00-5815		
Name of Con	·		Daytime Telephone Number		
Enclosed is a check for	the following amount:				
■\$1,000.00 Filing Fee (\$965 Filing Fee at \$35 Registered Ag Fee)	nd and Certificate of	□\$1,052.50 Filing F and Certified Co			
Mailing Addi Registration Division of P.O. Box 6 Tallahassee	i Section Corporations 327	Re D' TY 24	reet Address: egistration Section ivision of Corporations he Centre of Tallahassee 415 N. Monroe Street, Suite 810 allahassee, FL 32303		

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MILAHASSIE FOORIO,

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

Leo@Bethel Place Investors, 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. Date of Formation State or Country of Formation 4. Federal Employer Identification Number 88-1842943 5. Name of Registered Agent for Service of Process and Florida Street Address: Torres Law, P.A. 888 Southeast Third Avenue Suite 400 Fort Lauderdale, Florida 333 6 6. Thereby 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 thities, and I am familiar with and accept the obligations of my position as registered agent. Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 17501 Biscayne Boulevard 17501 Biscayne Boulevard Suite 300 Suite 300 Aventura, Florida 33160 Aventura, Florida 33160 9. If limited partnership is allimited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: Name of General Partner: Advenir Oakley GP, Inc. Name of General Partner: 17501 Biscayne Boulevard, Suite 300 Street Address: Street Address: Aventura, Florida 33160 17501 Biscayne Boulevard, Suite 300 Mailing Address: __ Mailing Address:____ Aventura, Florida 33160 Name of General Partner: Name of General Partner: Street Address: Street Address: _____ Mailing Address: ____ Mailing Address:

Page 1 of 2

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TALLAHASSI POLICIONE

	Name of General Partner:
Name of General Partner	Name of General Partner: (1.1.1.1)
Street Address:	Street Address:
Mailing Address:	Mailing Address:
Note: If the date inserted in this block does not med document's effective date on the Department of State 12. Attached is a certificate of existence duly auther	days after the date this document is filed by the Florida Department of State.) et the applicable statutory filing requirements, this date will not be listed as the
the law of which it is organized. Signed this 19th day of Decem	nber 22
	Signature of a general partner Stephen L. Veechitto President of the General Partner
	he facts stated herein are true and the individual is aware that false information e constitutes a third degree felony as provided for in s.817.155, F.S.
Filing Fees: Certified Capy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LEO@BETHEL PLACE INVESTORS, 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 TWENTY-THIRD DAY OF DECEMBER, A.D. 2022.

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

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Jeffrey W. Bullact, Secretary of State

6716155 8300 SR# 20224364254 Authentication: 205179364

Date: 12-23-22

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