

FO: Registration Section Division of Corporations	-				
SUBJECT:Gatorwood_Apartments_(Name of corporate	Corporation tion - must include suffix)				
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to to transact business in Florida.	or Authorization to Transact Business in Florida", o register the above referenced foreign corporation				
Please return all correspondence concerning this mat	tter to the following:				
John C. Bovay		•			
(Name	of Person)				
Austin & Bovay, Chart	ered				
(Firm/C	Company)	-,-			
and by W. work Character	- 1				
901 N.W. 57th Street	ddress)	-			
(Ac	ddress) Wol-15946				
Gainesville, Florida 326					
(City/Stat	te and Zip code)				
	40004457154- -07/03/01010160 ******87.50 ******8)05			
For further information concerning this matter, pleas	se call: ******87.50 ******8	17.9			
John C. Bovay at (352					
(Name of Person) (Are	ea Code & Daytime Telephone Number)				

STREET ADDRESS:	MAILING ADDRESS:				
Registration Section Registration Section					
Division of Corporations		! ~			
409 E. Gaines St.	P.O. Box 6327	,			
Tallahassee, FL 32399	Tallahassee, FL 32314				
Enclosed is a check for the following amount:	ANS S				
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status	Certified Copy \$87.50 Filing Fee, Certificate of Status &				



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 11, 2001

JOHN C. BAVOY AUSTIN & BAVOY, CHARTERED 901 NW 57TH ST GAINESVILLE, FL 32605

SUBJECT: GATORWOOD APARTMENTS CORP.

Ref. Number: W01000015946

We have received your document for GATORWOOD APARTMENTS CORP. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Shawn Logan Document Specialist

Letter Number: 101A00040941

PINJON 3: CORPORATION

LAHASSEE, FLORID

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Gator	wood Apartments Corp	·				
	ation; must include the word "INCORPOR					
words or abbrev	iations of like import in language as will cle	arly indicate				
natural person or	partnership if not so contained in the name	at present.)				
2 State	of Delaware	2	65.1	110650		
(State or country	of Delaware y under the law of which it is incorporated)	_ 3	05-1	FEI number, if	annlicable)	_
					••	
4. June	1, 2001 of incorporation)	5	Perp	etuai		
(Date	of incorporation)	(Duratio	n: Year	corp. will ceas	e to exist or "perpetual")	
6. Upon	Qualification	•				
(Date first transac	ted business in Florida. If corporation has	not transacte	d busines	ss in Florida, in	sert "upon qualificat ion."	<u>-</u> ·
	(SEE SECTIONS 607.1					,
7 901 N	W 57th Street Cainesville	Elouid	. 2266	A P		
/	.W. 57th Street Gainesville (Principal office		3 3 2 0 0	15		-
	•	•				
901 N	.W. 57th Street Gainesville		da 326	05		_
	(Current mailing ad	dress)				
8 Owner	ship of apartment complex.					
(Purpose(s	of corporation authorized in home state or	country to b	e carried	out in state of	Florida)	
	•					
9. Name and stre	<u>eet address</u> of Florida registered age	nt: (P.O. E	ox or N	Iail Drop Box	(<u>NOT</u> acceptable)	
Name:	Lynn B. Lewis					
ranc.	Lynn B. Lewis, P.A.				- - = .	
Office Address:	1390 Brickell Avenue, Sui	Lte 280			_	
					* 	
_	Miami	, I	Florida _	33131 (Zip code)		
	(Cuy)		•	(Zip code)		
	gent's acceptance:					
Having been nam	ed as registered agent and to accept s	ervice of pi	rocess fo	or the above s	stated corporation at the	? place
aesignatea in this	application, I hereby accept the appo	intment as	register	ed agent and	l agree to act in this cap	acity.
juriner agree 10 c.	omply with the provisions of all statut	es relative	to the p	roper and col		
annes, ana 1 am j	amiliar with and accept the obligation	is oj my po	sinon a	s registerea a	igent.	ກັກ
	A					
	1)/2 1				श्री भिक्ष	***
	M. Music				888 5	
	(Registered agent'	s signature)	Lvnn	B. Lewis		
	•	• ,	_		7° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2°	177
11. Attached is a d	ertificate of existence duly authentical	ted, not mo	re than !	90 days prior	to deliver of this application	ation t
the Department of	State, by the Secretary of State or other	er official h	aving ci	istady of corr	norate receives in the juri	ediction

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	Lu Pat Ng
	600 Brickell Avenue, Suite 800, Miami, Florida 33131
	Yvonne Ng
	600 Brickell Avenue, Suite 800, Miami, Florida 33131
Director:	Loretta Cockrum
Address:	600 Brickell Avenue, Suite 800, Miami, Florida 33131
B. OFFICERS	
	Lu Siong Ng
	600 Brickell Avenue, Suite 800
	Miami, Florida 33131
	100 LLA
	Lynn Lewis SS 5
Secretary:	
Address:	1390 Brickell Avenue, Suite 280, Miami, Florida 33131
Treasurer:	Lu Siong Ng
Address:	600 Brickell Avenue, Suite 800, Miami, Florida 33131
NOTE: If necessar	ry, you may attach an addendum to the application listing additional officers and/or directors.
13	4 B. Leuis
(Si	gnature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14	Lynn B. Lewis (Typed or printed name and capacity of person signing application)

State of Delaware

DACE '

Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GATORWOOD APARTMENTS CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF JUNE, A.D. 2001.

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

Harriet Smith Windson, Secretary of State

AUTHENTICATION: 1166467

DATE: 06-01-01

3398812 8300

010264213