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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

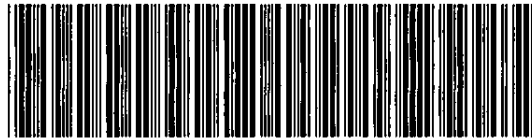
(Document Number)

Certified Copies _____ Certificates of Status _____

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06 MAY 15 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
5/18

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AVENTURA VENTURES LIMITED CORP.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

IDA C OVIES CPA
(Name of Person)
IDA C OVIES CPA PA
(Firm/Company)
2307 Douglas Rd Suite 400
(Address)
MIAMI FL 33145
(City/State and Zip code)

For further information concerning this matter, please call:

Ida Ovies at (305) 447 8801
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. AVENTURA VENTURES LIMITED CORP.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. BRITISH VIRGIN ISLANDS 3. 80-0134612
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/16/2005 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5750 COLLINS AVE #15E MIAMI BEACH FL 33140
(Principal office address)

c/o 2307 DOUGLAS RD #400 MIAMI FL 33145
(Current mailing address)

8. APARTMENT RENTAL (REAL ESTATE)
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: IOA C OVIES

Office Address: 2307 Douglas Rd #400
MIAMI, Florida 33145
(City) (Zip code)

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SECRETARY OF STATE

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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.

IOA C OVIES

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction 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: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: MARINA LEWITA DE RIESS

Address: 5750 COLLINS AVE #15E
MIAMI BEACH FL 33140

Vice President: _____

Address: _____

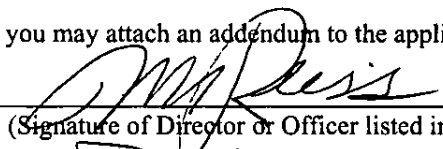
Secretary: MONICA SARA SICHEL LEWITA

Address: 5750 COLLINS AVE #15E MIAMI BEACH FL 33140

Treasurer: DANIELA BERTA SICHEL LEWITA

Address: 5750 COLLINS AVE #15E MIAMI BEACH FL 33140

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. President
(Typed or printed name and capacity of person signing application)

1 TERRITORY OF THE BRITISH VIRGIN ISLANDS

2 THE INTERNATIONAL BUSINESS COMPANIES ACT

3 (CAP. 29:01)

4 CERTIFICATE OF GOOD STANDING

5 (Section 14)

6 No. 042645

7 AVENTURA VENTURES LIMITED

8 The Registrar of Corporate Affairs of the British Virgin Islands
9 HEREBY CERTIFIES that

10 The above company was duly incorporated under the
11 provisions of the International Business Companies Act (Cap. 29:01)
12 on the 19th day of February, 2005 as company No. 042645 of the
13 register of International Business Companies.

14 The name of the company is entered on the register of
15 International Business Companies and the company has paid all
16 fees, charges, and penalties due and payable under the
17 provisions of sections 104 and 105 of the said Act.

18 The company has not submitted to me articles of merger or
19 amalgamation that have not yet become effective.

20 The company has not submitted to me articles of arrangement that
21 have not yet become effective.

22 The company is not in the process of being wound up and dissolved.

23 No proceedings have been instituted to strike the name of the
24 company off the said register.

25 In so far as is evidenced by the documents filed with me the
26 company is in good legal standing.

27 given under my hand and seal
28 at Road Town, Tortola in the
29 Territory of the British Virgin Islands
30 this 1st day of May, 2006

31 CRT10041

32 REGISTRAR OF CORPORATE AFFAIRS