M0900004742

(Re	equestor's Name)	
(Ad	dress)	
hA)	ldress)	
(* 14	41000)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
·		•
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

G. MCLEOD

DEC - 7 2009

EXAMINER



700162146557

12/04/09--01026--011 **1395.00

09 DEC -4 AM 11: 30

SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

:

TO:

TO:	Registration Section Division of Corporatio	ns				
SUBJI	ЕСТ:	, AVE	NTINE FL THRI	EE, LLC		
		Nam	e of Limited Lia	bility Company		
					ransact Business in Floricity company to transact bu	
Please	return all correspondence	concerning this mat	tter to the follow	ing:		
			Blanche S Berko			_
			Name of F	erson		
		Schell Br		& Livingston PLLO	C	<u> </u>
			Firm/Com	pany		
		230 N Elm Street			_	
			Addre	SS		
			Greensboro, N			_
			City/State and	Zip Code		
		E-mail address: (to	bberkowitz@s	baal.com ire annual report no	tification)	_
For fur	rther information concern			·	,	
	Blanche S	Berkowitz, NCCP	at (336	370-8815	
	Name	e of Person		& Daytime Telephor	ne Number	
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADD Division of Con Registration Se Clifton Buildin 2661 Executive Tallahassee, FL	porations ction g : Center Circle		
Enclo	sed is a check for the	following amour	nt:			
	\$125.00 Filing Fee	\$130.00 Filing Certificate of		55.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, of Status & Cer	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: AVENTINE FL THREE, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) perpetual *** November 18, 2009 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7 300 N. Greene Street-Suite 1000 Greensboro, North Carolina 27401 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Bell Partners Inc. - 300 N. Greene Street-Suite 1000, Greensboro, North Carolina 27401 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Jonathan D. Bell as President of Bell Partners Inc.

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	AVENIIN	FL THREE, LLC	
~			
it unavailable, t	he alternate to be used in the st	ate of Florida is:	
2. The name an	d the Florida street address of	the registered agent and office	are:
		TO TABLESTA NEWS WITH ATTENDED	
	C T Co	rporation System	
		(Name)	
	•	` '	
	1200 Sout	h Pine Island Road	
		, ,	
		h Pine Island Road	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

By Jewill Kearney Asst. Secretary
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

PAGE 1

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AVENTINE FL THREE, LLC" 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 THIRD DAY OF DECEMBER, A.D. 2009.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVENTINE FL THREE, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF NOVEMBER, A.D. 2009.

EVE OF STATE OF STATE

4755273 8300

091064952

AUTHENTI CATTON: 654 BB 3 5 5 tate

DATE: 12-03-09