# M13000007926

(R	equestor's Name)	····
(Ad	ddress)	
(A	ddress)	<u> </u>
(C	ity/State/Zip/Phone	<del>e</del> #)
PICK-UP	☐ WAIT	MAIL
(B:	usiness Entity Nan	ne)
(Di	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





200254580172

12/13/13--01029--002 \*\*155.00

TALLAHASSEET TATA

B. BOSTICK DEC **1 6** 2013

EXAMINER

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

## Surject: Chateau Riviera Coral Gables, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business inFlorida..

Please return all correspondence concerning this matter to the following:								
Masoud Shojaee								
Name of Person								
Chateau Riviera Coral Gables, LLC								
Firm/Company								
3470 NW 82nd Ave., Suite 9	88							
Address								
Doral, Florida 33122  City/State and Zip Code								
							mshojaee@shomagroup.com	
E-mail address: (to be used for future annual report notification.) For further information concerning this matter, please call:								
Frank Silva, Esq. 786 437-86								
Name of Person Area Code & Daytime Telephone Numb	er Co							
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	<del>6</del> .							
	60.00 Filing Fee, Certificate Status & Certified Copy							

## 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:

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

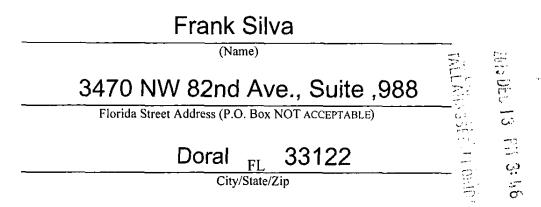
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The	name of	the	Limited	Liability	Compan	y is:
----	-----	---------	-----	---------	-----------	--------	-------

### Chateau Riviera Coral Gables, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:



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.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "CHATEAU RIVIERA CORAL GABLES 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 TENTH DAY OF DECEMBER, A.D. 2013.

TALLAHAST TO 3- 40

5445874 8300

131400571

AUTHENTICATION: 0964032

DATE: 12-10-13

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