

15 00000 1012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

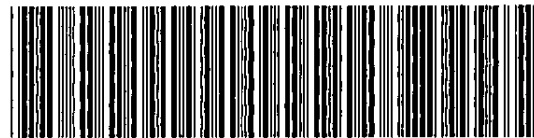
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300268690053

02/09/15--01003--014 \*\*160.00

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE

15 FEB -9 AM 11:36

NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
15 FEB -9 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Spivens FEB 10 2015



February 9, 2015

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re:      Order #: 9434769 SO  
         Customer Reference 1:   None Given  
         Customer Reference 2:   None Given

Dear Department of State, Florida :

Please obtain the following:

ADVENIR POLO@ LA COSTA, LLC (DE)  
Registration  
Florida

ADVENIR POLO@ LA COSTA, LLC (DE)  
Certificate of Status-Foreign  
Florida

ADVENIR POLO@ LA COSTA, LLC (DE)  
Cert Copy of Application for Authority-Foreign  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Advenir Polo@La Costa, 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 in Florida..

Please return all correspondence concerning this matter to the following:

**Oswaldo F. Torres**

Name of Person

**Torres Law, P.A.**

Firm/Company

**888 Southeast Third Avenue, Suite 400**

Address

**Fort Lauderdale, Florida 33316**

City/State and Zip Code

**ozzie@torreslaw.net**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Oswaldo F. Torres**

Name of Contact Person

at ( **754** ) **300-5815**

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Advenir Polo@La Costa, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_

(FEI number, if applicable)

4. upon filing

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 17501 Biscayne Boulevard, Suite 300

Aventura, Florida 33160

(Street Address of Principal Office)

6. 17501 Biscayne Boulevard, Suite 300

Aventura, Florida 33160

(Mailing Address)

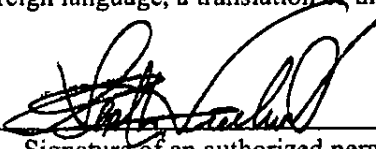
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Advenir Polo@Forest Lane, LLC, Authorized Representative (AR)

17501 Biscayne Boulevard, Suite 300

Aventura, Florida 33160

8. 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)

  
\_\_\_\_\_  
Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Stephen L. Vecchitto

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 Company is:

**Advenir Polo@La Costa, 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:

**Torres Law, P.A.**

(Name)

**888 Southeast Third Avenue, Suite 400**

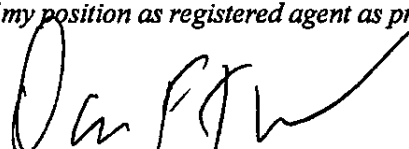
Florida Street Address (P.O. Box NOT ACCEPTABLE)

**Fort Lauderdale**

**FL 33316**

City/State/Zip

*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 605, 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) |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 FEB - 9 AM 9:56

FILED

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVENIR POLO@LA COSTA, 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 SIXTH DAY OF FEBRUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVENIR POLO@LA COSTA, LLC" WAS FORMED ON THE SIXTH DAY OF FEBRUARY, A.D. 2015.

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

FILED  
15 FEB - 9 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5688363 8300

150157491

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2100622

DATE: 02-06-15