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SECRETARY OF STATE

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SEP 17 2015 DBRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 1, 2015

CARL S. GATES III 5118 N. 56TH ST., SUITE 201 TAMPA, FL 33610

SUBJECT: SAN ANTONIO 08-15 LLC

Ref. Number: W15000057988

We have received your document for SAN ANTONIO 08-15 LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days grayour filing will be considered abandoned.

If you have any questions concerning the filing of your document, please cal (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 715A00018439.

COVER LETTER

	Registration Section Division of Corporation	as.				
SUBJEC	San Antonio 08-15	LLC.				
SUBJEC		Name of I	Limited Liability	Company		
		eign Limited Liability Comp d to register the above refere				
Please re	eturn all correspondence of	oncerning this matter to the	following:			
	Carl S. Gates II	I				
	 	N	ame of Person			
	Avesta Commu	nities				
		Fi	rm/Company			
	5118 N. 56th S	t. suite 201				
			Address			
	Tampa FL. 336	10			7	
		City/S	tate and Zip Code		ECH	NEP T
	Cgates@avesta.c			1.0	HAS	· September 1
For furth	er information concerning	E-mail address: (to be used this matter, please call:	i for future annual	report notification	Y OF S	
	Carl S. Gates III		813 at (444-1522	ORID.	ω
	Name o	f Contact Person	Area Code	Daytim	e Telephone Nu	filber
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of C Registration Clifton Build 2661 Executi Tallahassee,	Corporations Section ling ive Center Circle	e
	l is a check for the follow ■ \$125.00 Filing Fee	ing amount: \$\Boxedsymbol{\Omega}\$\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin		l \$160.00 Filing f Status & Certif	

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

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

(If name unavailable, enter a Liability Company," "L.L.C,	Iternate name adopted for the purpor or "LLC.")	ose of transacting business	s in Florida. The alter	nate name	must inclu	ude "Limite
2. Delaware	,	,				
(Jurisdiction under the law company is organized)	of which foreign limited liability	3	(FEI number, if ap	plicable)		
4. 08/26/2015	(Date first transacted busi	nace in Florida if prior to	ragistration)			
5110 N. 564 Gr 'a.	(See sections 605.0904 & 60	05.0905, F.S. to determine	penalty liability)			
5. 5118 N. 56th St. suite	201					
Tampa, Florida 33610						
5118 N 56th St	(Street Address o	f Principal Office)				
5. 5118 N. 56th St.						
Tampa, Florida 33610				<u> ¥</u> s	2015	
	(Mailing	g Address)		LAR ASS	15 S	77
7. Name and street address	ss of Florida registered agent: (P.O. Box NOT accepta	able)	CRETARY AHASSI	SEP	******
Name:	Richard McIntrye		_	SEY	4	
Office Address:	501 East Kennedy Blvd. Suite	e 1900	_	E 07	U	
	Tampa		, Florida 33602	STAI	Ÿ	O
	(City)		(Zip c	ode	38	
TO LIGHT OF ACTION ACTION	egistered agent and to accept se	istered agent and agree	to act in this capa	city. I fui	rther agr	ee to comp
Having been named as re this application, I hereby with the provisions of all	accept the appointment as registatutes relative to the proper a ition as registered agent.	ind complete performa				
Having been named as re this application, I hereby with the provisions of all	statutes relative to the proper a ition as registered agent.	ind complete performa				
Having been named as re this application, I hereby with the provisions of all the obligations of my pos	statutes relative to the proper a ition as registered agent.	istered agent's signature)	ity to manage is/are	·:		
Having been named as rethis application, I hereby with the provisions of all the obligations of my positive of the name, title or capa	statutes relative to the proper a ition as registered agent. (Regi	istered agent's signature) s) who has/have authori	ity to manage is/are	·:		
Having been named as rethis application, I hereby with the provisions of all the obligations of my positive. 8. The name, title or capa	statutes relative to the proper a ition as registered agent. (Reginal Region and address of the person)	istered agent's signature) s) who has/have authori	ity to manage is/are	::		
Having been named as rethis application, I hereby with the provisions of all the obligations of my post	statutes relative to the proper a ition as registered agent. (Reginal Region and address of the person)	istered agent's signature) s) who has/have authori	ity to manage is/are	:: 		
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Having been named as rethis application, I hereby with the provisions of all the obligations of my post. 8. The name, title or capa Carl S. Gates III, Authorical S. Gates III, Authorical S. Gates III, and the curisdiction under the law	statutes relative to the proper a ition as registered agent. (Reginal acity and address of the person (2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	istered agent's signature) s) who has/have authori Tampa FL. Suite 201	ated by the official	having cu		
this application, I hereby with the provisions of all the obligations of my post. 8. The name, title or capa Carl S. Gates III, Authorical S. Gates III, Authorical S. Attached is a certificate	statutes relative to the proper a ition as registered agent. (Reginal acity and address of the person (2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	istered agent's signature) s) who has/have authori Tampa FL. Suite 201	ated by the official	having cu		

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Carl S. Gates III

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SAN ANTONIO 08-15 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 FOURTEENTH DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAN ANTONIO 08-15 LLC" WAS FORMED ON THE THIRTIETH DAY OF JUNE, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 10057925

Date: 09-14-15