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() Profit		
() Nonprofit	() Amendment	() Merger
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	() Dissolution/Withdrawal	() Mark
() Limited Partnership	() Reinstatement	
(X) LLC	() Annual Report	() Other
Formation		
	() Name Registration	() UCC
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() Call When Ready	() Photocopies	
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COVER LETTER

10,	Division of Corporation	IS			•	
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JUNE	- * *	Name of L	imited Liability Co	ույնում,		,
The encl Existence	osed "Application by For e, and check are submitte	eign Limited Liability Comp d to register the above refere	any for Authorizati need foreign limite	ion to Tra d liability	nsuct Business in Florida." company to transact busin	Centificate of ness in Florida
Please re	turn all correspondence c	oncerning this mutter to the l	ollowing:			
	Osvaldo F. Tor	res				
		Nu	me of Person		<u> </u>	•
	Torres Law, P.	۸.				
		Fi	m/Company			Certificate of rss in Florida
	888 Southeast	Third Avenue, Suite 400				
			Address		\	•
	Fort Lauderdale	e, Florida 33316				
	* ************************************	City/St	ate and Zip Code			•
	ozzie/gtorreslaw					
	•	E-mail address: (to be used	for future annual i	report not	ileation)	•
For furth	er information concernia	g this matter, please call:				
	Osvaldo F. Torres		754 _ at (300-58		
	Name o	f Contact Person	Area Code	Duy	time Telephone Number	•
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tellahassee, Fl. 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations of Section uniding cutive Center Circle sec, FL, 32301	
Enclosed	I is a check for the follow S \$125.00 Filing Fee	ing amount: □ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Certified Copy	g Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Co	

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

IN COMPLIANCE WITH SECTION 605,0002 FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If nume unavailable, enter a Liability Company," "I.,I.,C.	ternate name adapted for the purpose	e of transacting business in Florida. The alternate a	ame must include "Limited
2. Deluware	in suc. y	_ 47-5022046	
(Jurisdiction under the law	of which foreign limited linbillity	(FEI number, H'applicab	le)
onthing is arganized)			
4. upun ming	(Date first transacted busine	ss in Florida, if prior to registration.) .0905, F.S. to determine penalty liability)	
5. 17501 Biscayne Boute		.0905, F.S. to determine penalty liability)	
Aventura, Florida 3316	50		
1000	(Street Address of I	Principal ()(lice)	2015
5. 17501 Biscayne Roules	vard, Suite 300		
Aventura, Florida 3316	50		
	(Mailing /	Address)	
7. Name and street addres	🗷 of Florida registered agent: (P.	O. Box <u>NOT acceptable)</u>	mo
Nume:	Torres Law, P.A.		S. S.
Office Address:	888 Southeast Third Avenue, S	uite 480	
	Fort lauderdale	, Florida 33316	D
	(City)	(Zip code)	-
lesignated in this applica o complywith the provisio	tion, I hereby accept the appoint ons of all statutes relative to the p my position as registered agent.	rice of process for the above stated limited lin iment us registered agent and agree to act in i proper and complete performance of my duti cred ment's signature)	this capacity. I further ac
R. The nume, title or cana	wity and address of the person(s)	who has/have authority to manage is/are:	
	Authorized Representative (AR)		
17501 Hiscayne Boulevan	d, Suite 300		
Aventura, Florida 33160			
O. Attached is a certificate urisdiction under the law of the translator must be so	of which it is organized. (If the 96	ys old, duly authenticated by the official havin irtificate is in a foreign language, a translation	eg custody of records in the of the certificate under ual
	Signature	of an authorized person	-
This document is executed	in accordance with section 605.0	203 (1) (b), Florida Statutes. Lam aware that a	my false information
submitted in a document to	the Department of State constitut	tes a third degree felony as provided for in s.8	17.155, f.S.

Typed or printed name of signee

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "ADVENIR MILAN OWNER, 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 TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVENIR MILAN OWNER, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2015.

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

5826372 8300
SR# 20150279330
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 10137039

Date: 09-28-15