Page 1 of 2

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Division of Corporations

Fax Number : (850)617-6383

From:

To:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)205-8842

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:	

## Foreign Limited Liability Company VK Avalon Groves LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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## **COVER LETTER**

	COVERLETTER	
Т	O: Registration Section Division of Corporations	
• SI	VK Avalon Groves LLC UBJECT:	
-	Name of Limited Liability Company	
Ti E:	he enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," xistence, and check are submitted to register the above referenced foreign limited liability company to transact busin	Certificate of ess in Florida
P	ease return all correspondence concerning this matter to the following:	
	Adam Koppel	
	Name of Person	
	The Kolter Group LLC	
	Firm/Company	
	701 S Olive Ave, Suite 104	
	Address	SE JYL
	West Palm Beach, FL 33401	CART
	City/State and Zip Code	TAR Sign
	akoppel@kalter.com	
	E-mail address: (to be used for future annual report notification)	(O) (D)
Fo	r further information concerning this matter, please call:	3 gr
	Adam Koppel 561 682-9500, ext 454 at ()	2
	Name of Contact Person 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	

☐ \$155.00 Filing Fee & Certified Copy

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3/7/2016 9:59:58 AM From: To: 8506176383( 3/4 )

## 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:

(Name of For	LC reign Limite	d Liability Company	; must include "Limited	Liability Company," "L.L.C.," or "LIC	2,")	•
If name unavailable, enter a	dternate nam	se adopted for the pe	rpose of transacting bus	iness in Florida. The alternate name mu	st include "Lim	uited.
Delaware		•	_			
(Jurisdiction under the law	of which fo	reign limited liabilit	iv 3	(FEI number, if applicable)		
company is organized)				( to damper, in Aprilance)		
·						
	(Da (Sec.s	ate first transacted b	usiness in Florida, If prio 605.0905, F.S. to determ	or to registration.)		
701 South Olive Aven						
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					•	<del></del> j
			s of Principal Office)		<del>a</del>	AE SE
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					55	35
		(Mai	ing Address)		1	32
Managara da	e m 1 1				P	(i)
Name and street address			(P.O. Box NOT acco	ершоге		$-m_{\phi}$
Name:	NKAI Se	rvices, Inc.		·	Ġ	ZGZ ZGZ
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## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "VK AVALON GROVES 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 FOURTH DAY OF MARCH, A.D. 2016.

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

SECRETARY OF A SECRETARY SECRETARY SECRETARY SEE FLORID

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SR# 20161502418

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

Authentication: 201934887

Date: 03-04-16