Page 1 of 2

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (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 ADVENIR@BISCAYNE SHORES, LLC

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COVER LETTER

TO;	Registration Section Division of Corporations
SUBJE	Advenir@Biscayne Shores, LLC
	Name of Limited Liability Company
The ene	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florid
Please	turn all correspondence concerning this matter to the following:
	Osvaldo 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 furt	er information concerning this matter, please call:
	Osvaldo F. Torres 754 300-5815
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclose	is a check for the following amount: \$\begin{align*} \begin{align*} align

Stephen L. Vecchitto

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA SIMTUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Advantagibilise Shares, 1-1-C.

	eign Limited Liability Company: must in	iclude "Limited Liability Company," "L.L.C.," o	of "LLC.")
f name unavailable, enter a	alternate name adopted for the purpose of	transacting business in Florida. The alternate m	une must include "Limited
Delaware	•	3. 81-2093814	
	of which foreign limited hability	(FEI number, if applicable	e)
June 9, 2016			
	(Date first transacted business i (See sections 605,0904 & 605,090	n Florida, if prior to registration.) 5, F.S. to determine penalty liability)	•
17501 Biscayne Bould			<u></u>
Aventura, Florida 331			
<u> </u>	(Street Address of Prin	cipal Office)	- -
. 17501 Biscayne Boule	vard, Suite 300		.
Aventura, Florida 331	60		
	(Mailing Add	ress)	
Name and street addre	ss of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	Torres Law, P.A.		
Office Address:	888 Southeast Third Avenue, Suite	: 400	
	Fort Lauderdale	, Florida 33316	_
	(City)	(Zip code)	
		of process for the above stated limited lia	bility company at the pla
loving been named as re esignated in this applica o camplywith the provisi	egistered agent and to accept service atlon, I hereby accept the appointme ions of all statutes relative to the promy position as registered opens.	nt us registered agent and agree to act in to per and complete performance of my dution	his capacity. I further a
laving been named as reesignated in this applicate or camply with the provision of the obligations of	egistered agent and to accept service willon, I hereby accept the appointme ions of all statutes relative to the pro my position as registered exept. (Registered	nt us registered agent and agree to act in to per and complete performance of my dution agent's signature)	his capacity. I further a
laving been named as reesignated in this applicate complywith the provision of the obligations of the name, title or capa	egistered agent and to accept service ution, I hereby accept the appointme. lons of all statutes relative to the pro- my position as registered orept. (Registered acity and address of the person(s) wh	nd us registered agent and agree to act in the per and complete performance of my dution agent's signature) o has/have authority to manage is/are:	his capacity. I further as, and I am familiar wi
esignated in this applicate complywith the provisions of comply the obligations of the control o	egistered agent and to accept service ution, I hereby accept the appointme ions of all statutes relative to the pro my position as registered open. (Registered acity and address of the person(s) wh es GP, Inc., Authorized Representative	nd us registered agent and agree to act in the per and complete performance of my dution agent's signature) o has/have authority to manage is/are:	his capacity. I further as, and I am familiar wi
daving been named as re esignated in this applica to complywith the provisi occept the obligations of the name, title or cap	egistered agent and to accept service ution, I hereby accept the appointme ions of all statutes relative to the pro my position as registered open. (Registered acity and address of the person(s) wh es GP, Inc., Authorized Representative	nd us registered agent and agree to act in the per and complete performance of my dution agent's signature) o has/have authority to manage is/are:	his capacity. I further as, and I am familiar wi
daving been named as re- esignated in this applica to complywith the provisi eccept the obligations of the name, title or capa Advenir@Biscayne Shore	egistered agent and to accept service ution, I hereby accept the appointme ions of all statutes relative to the pro my position as registered open. (Registered acity and address of the person(s) wh es GP, Inc., Authorized Representative	nd us registered agent and agree to act in the per and complete performance of my dution agent's signature) o has/have authority to manage is/are:	his capacity. I further as, and I am familiar wi
daving been named as re- lesignated in this applicate complywith the provision of the obligations of the obligations of the capital of the name, title or capital of the ca	egistered agent and to accept service uton, I hereby accept the appointment on of all statutes relative to the promy position as registered or ent. (Registered acity and address of the person(s) when the GP, Inc., Authorized Representative of existence, no more than 90 days of which it is openinged. (If the certification, it is openinged.	nd us registered agent and agree to act in the per and complete performance of my dution agent's signature) o has/have authority to manage is/are:	his capacity. I further ass, and I am familiar wi

Typed or printed name of signee

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ADVENIR@BISCAYNE SHORES, 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-SEVENTH DAY OF APRIL, A.D. 2016.

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

6020367 8300

SR# 20162625036
You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Guarach, Becombing of Situa

Authentication: 202222783

Date: 04-27-16