

M16000007579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

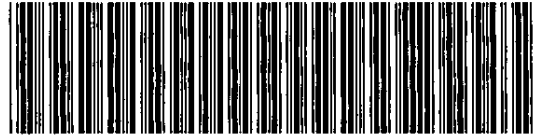
(Document Number)

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

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For M16-7579  
LLC

09/22/16--01012--013 \*\*125.00

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N. CAUSSEAU

SEP 23 2016

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Florida Multifamily Ventures, 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:

Jeffrey Drew Butt

Name of Person

Squire Patton Boggs (US) LLP

Firm/Company

201 N. Franklin Street

Address

Tampa, FL 33602

City/State and Zip Code

jeffrey.butt@squirepb.com

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

For further information concerning this matter, please call:

Jeffrey Drew Butt

at ( 813 )

202-1300

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

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 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:*

1. FLORIDA MULTIFAMILY VENTURES, 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 3. 81-2090174  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEL number, if applicable)

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

5. 2070 Ringling Blvd., Office No. 1  
Sarasota, FL 34237  
(Street Address of Principal Office)

6. 2070 Ringling Blvd., Office No. 1  
Sarasota, FL 34237  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Richard Angelotti  
Office Address: 2070 Ringling Blvd., Office No. 1  
Sarasota , Florida 34237  
(City) (Zip code)

**Registered agent's acceptance:**

*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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Richard H. Angelotti  
(Registered agent's signature)

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

Richard Angelotti 2070 Ringling Blvd., Office No. 1, Sarasota, FL 34237 - mgrm  
David Dunn-Rankin 2070 Ringling Blvd., Office No. 1, Sarasota, FL 34237 - mgrm

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Richard H. Angelotti  
Signature of an authorized person

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.

Richard Angelotti  
Typed or printed name of signee

16 SEP 22 PM 3:09  
CLERK OF THE STATE  
DEPARTMENT OF STATE  
FLORIDA

# Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLORIDA MULTIFAMILY VENTURES, 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. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLORIDA MULTIFAMILY VENTURES, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2016.

16 SEP 22 PM 3:09  
SECRETARY OF STATE  
DELAWARE



  
Jeffrey W. Bullock, Secretary of State

6004507 8300

SR# 20165665196

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

Authentication: 202990996

Date: 09-14-16