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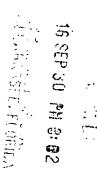
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## **COVER LETTER**

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SUBJE		STA AT LOST L	AKE TIC I LLC				
CODG	<u> </u>		Name of I	Limited Liability C	ompany		
						insact Business in Florida," Certifica company to transact business in Flo	
Please	return all	correspondence c	oncerning this matter to the	following:			
		Eleanor B. Hal	perin, Esq.				
			Na	ame of Person		- · · · · · · · · · · · · · · · · · · ·	
•		Halperin Law					
			Fi	rm/Company	<b>*</b> I		
		1601 Forum Pl	ace, Suite 500				
				Address	-	<del> </del>	
		West Palm Bea	ch, FL 33401				
			City/S	tate and Zip Code	•		
		ellie@halperin-la	aw.com				
			E-mail address: (to be used	for future annual	report not	ification)	
For fur	ther infor	mation concernin	g this matter, please call:				
	Ellie H	alperin, Esq.		561 at (	478 47	00	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Divisio Registr P.O. Bo	ING ADDRESS: n of Corporations ation Section ox 6327 assee, FL 32314			Division Registrat Clifton B 2661 Exe	r ADDRESS: of Corporations ion Section suilding ecutive Center Circle see, FL 32301	
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## · 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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

	SINESS IN THE STATE OF FLORIDA:		
1. VISTA AT LOST LAK	E TIC I LLC ign Limited Liability Company; must include "I	imited Liability Company "" I C " or "	IIC"
(Numo of Fore	En Dittiece Diability Company, must include 1	minute Entering Company, E.E.C., or	inc.
Liability Company," "L.L.C,"	ternate name adopted for the purpose of transact or "LLC.")	ing business in Florida. The alternate name	: must include "Limited
2. Delaware	3.	(FEI number, if applicable)	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4	(Date first transacted business in Florid	if prior to registration	
5. 8230 210th Street, Sou	(Date first transacted business in Florid (See sections 605.0904 & 605.0905, F.S. t th	o determine penalty liability)	
Boca Raton, FL 33433	3		
··	(Street Address of Principal Of	fice)	
6. 8230 210th Street South	1		
Boca Raton, FL 33433	3		
	(Mailing Address)		
7. Name and street addres	$\underline{s}$ of Florida registered agent: (P.O. Box $\underline{N}$	OT acceptable)	,
Name:	Eleanor B. Halperin, Esq.	<u></u>	5 S
Office Address:	1601 Forum Place Suite 500		F. P
***************************************	West Palm Beach, FL 33401	, Florida 33401	Si 30
	(City)	(Zip code)	# #
Registered agent's accep-	tance: gistered agent and to accept service of pro	cess for the above stated limited liabil	ity company at the place
designated in this applicat	tion, I hereby accept the appointment as re	egistered agent and agree to act in this	s capacity. I fulther agree
to complywith the provision accept the obligations of	n <del>s of all sta</del> tutes relative to the proper and my position as registered agent.	d complete performance of my duties,	and I am familiär with an
		<del></del>	
	(Registered agent's	signature)	
8. The name, title or capa	city and address of the person(s) who has/h	ave authority to manage is/are:	
Martin H. Pechter, Manag	er		
8230 210th Street South			
Boca Raton, FL 33433			
9. Attached is a certificate jurisdiction under the law of the translator must be so	of existence, no more than 90 days old, dul of which it is organized. (If the certificate is abmitted)	y authenticated by the official having of in a foreign language, a translation of	ustody of records in the the certificate under oath
	Signature of an autho	rized person	
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (be the Department of State constitutes a third	), Florida Statutes. I am aware that any degree felony as provided for in s.817.	false information 155, F.S.

Typed or printed name of signee

Martin H. Pechter, Manager

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "VISTA AT LOST LAKE TIC I 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.

Authentication: 202994203

Date: 09-14-16