

4/20/2017

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*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  
LENNAR INTERNATIONAL, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

## COVER LETTER

TO: Registration Section  
Division of CorporationsSUBJECT: **LENNAR INTERNATIONAL, 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:

**VICKI RIVERO**

Name of Person

**LENNAR CORPORATION**

Firm/Company

**700 NW 107TH AVENUE, SUITE 400**

Address

**CORAL GABLES, FL 33134**

City/State and Zip Code

**VICKI.RIVERO@LENNAR.COM**

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

For further information concerning this matter, please call:

**VICKI RIVERO**

Name of Contact Person

**305**

Area Code

**487-6313**

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

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TALLAHASSEE, FLORIDA

**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. LENNAR INTERNATIONAL, 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**

(Jurisdiction under the law of which foreign limited liability company is organized)

**3. 61-1697090**

(FEI 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. 700 NW 107 AVENUE**

(Street Address of Principal Office)

**SUITE 400**

**MIAMI, FL 33172**

**6. 700 NW 107 AVENUE**

(Mailing Address)

**SUITE 400**

**MIAMI, FL 33172**

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

Name: **CT CORPORATION SYSTEM**

Office Address: **1200 S PINE ISLAND ROAD, SUITE 250**

**PLANTATION**

(City)

, Florida **33324**

(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.*

  
(Registered agent's signature)

**VickiAnn Owens**  
**Special Assistant Secretary**

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

**Title or Capacity:**

**Name and Address:**

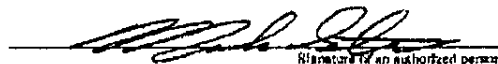
**Title or Capacity:**

**Name and Address:**

PLEASE SEE ATTACHMENT

(Use attachments if necessary)

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)

  
Signature of an authorized person

10. 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.

**MARK SUSTANA, VICE PRESIDENT**

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

## Lennar International, LLC

## Officers

Name	Position
• Miller, Stuart A.	Chief Executive Officer
• Gross, Bruce	Chief Financial Officer
• Jaffe, Jonathan M.	Chief Operating Officer
• Beckwith, Richard	President
• Bessette, Diane	Vice President
• Collins, David	Vice President
• Davis, Casey	Vice President
• Gross, Bruce	Vice President
• Jaffe, Jonathan M.	Vice President
• Marlin, L. Christian	Vice President
• Roos, Jeffrey	Vice President
• Sustana, Mark	Vice President
• Tamayo, Rony	Vice President
• Sustana, Mark	Secretary
• Bessette, Diane	Treasurer
• Collins, David	Controller
• Murias, Manuel	Authorized Agent - Payroll Operations
• Petrolino, Michael	Authorized Agent - Tax Operations
• Schaan, Todd	Authorized Agent - Tax Operations
• Vogt, Feng	Authorized Agent - Tax Operations
• Houk, Melanie	Assistant Secretary
• Leyva, Sandra	Assistant Secretary
• Mayer, Joan	Assistant Secretary
• Santeella, Grace	Assistant Secretary
• DeSouza, Jacqueline S.	Assistant Treasurer

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TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LENNAR INTERNATIONAL, 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 TWENTIETH DAY OF APRIL, A.D. 2017.

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

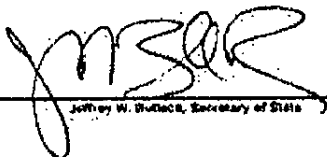
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SR# 20172667602

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

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202407424

Date: 04-20-17