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Date:	9/6/2017	() (
	ACCT. I20160000072	4:1-
Name:	ADVENIR@GATEWAY LAKES, LLC	
Document #:		
Order #:	10626323	
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Thank you!

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Date:	9/6/20)17	/ 11 /
	ACC	T. I20160000072	60:()
Name:	ADVENIR@G	SATEWAY LAKES, LLC	
Document #:			
Order #:	10626323		
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Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	125	· ·

Thank you!

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Advenir@Gateway I	Lakes, LLC				
SUBJECT.		Name of L	imited Liability C	ompany		
The enclosed Existence, ar	l "Application by Ford ad check are submitted	eign Limited Liability Compa I to register the above refere	any for Authorizat need foreign limite	ion to Trai ed liability	nsact Business in Florida," Certificate company to transact business in Flori	of ida
Please return	all correspondence co	oncerning this matter to the f	following:			
	Osvaldo F. Torr	es, Esq.				
		Na	me of Person			
	Torres Law, P.A	۸.				
		Fii	m/Company			
	888 Southeast T	Third Avenue, Suite 400				
			Address			
	Fort Lauderdale	e, Florida 33316				
		City/St	ate and Zip Code		- 	
	ozzie@torreslaw					
		E-mail address: (to be used	l for future annual	report not	ification)	
For further i	nformation concerning	g this matter, please call:				
Os	valdo F. Torres, Esq.		754 at (300-58		
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Div Re P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Hahassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
	a check for the follow \$125.00 Filing Fee	ing amount: \$\Bigcup \text{S130.00 Filing Fee & Certificate of Status}\$	□ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

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

.

IN COMPILANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED FLABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Advenir@Gateway Lake	es, LLC		
(Name of Forei	gn Limited Liability Company; must inclu	de "Limited Liability Company," "L.L.C.," or "LI	.C.")
If name unavailable, enter alto		insacting business in Florida. The alternate name n	nust include "Limited
Delaware	3	82-2384731	
(Jurisdiction under the law o company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4. August 15, 2017			
-	(Date first transacted business in F (See sections 605.0904 & 605.0905,	lorida, if prior to registration.) F.S. to determine penalty liability)	
5. 17501 Biscayne Boulev	/ard, Suite 300		<u>بر</u> رہ
Aventura, Florida 3316	0		1 5 TI
	(Street Address of Princip	oal Office)	
6. 17501 Biscayne Boulev	ard, Suite 300		0, 6, 4
Aventura, Florida 3316			ALL SEB -6 I'M 9: 08
7,7,4,3,5,1,5,1,5,1,5,1,5,1,5,1,5,1,5,1,5,1,5	(Mailing Address	ss)	۾ ب
7. Name and street address	s of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	6 B
	Torres Law, P.A.		٠ ٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠
Name:	888 Southeast Third Avenue, Suite 4		
Office Address:			
	Fort Lauderdale	, Florida	
Registered agent's accept	(City)	(Zip code)	
designated in this applicate to complywith the provision	tion. I hereby accept the appointment	of process for the above stated limited liability as registered agent and agree to act in this complete performance of my duties, a	capacity. I further agree
	(Registered a	agent's signature)	
8. The name, title or capa	acity and address of the person(s) who	has/have authority to manage is/are:	·
Advenir@Gateway Lakes	GP, Inc., Managing Member		
17501 Biscayne Boulevar	d, Suite 300		
Aventura, Florida 33160			<u> </u>
9. Attached is a certificate jurisdiction under the law of the translator must be st	of which it is organized. (If the certification ubmitted)	d duly authoriticated by the official having cucaters in a foreign language, a translation of t	istody of records in the he certificate under oath
	_	authorized person	
This document is executed submitted in a document to	d in accordance with section 605.0203 the Department of State constitutes a	(1) (b), Florida Statutes. I am aware that any third degree felony as provided for in s.817.1	false information 55, F.S.

Typed or printed name of signee

Stephen L. Vecchitto



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

DELAWARE, DO HEREBY CERTIFY "ADVENIR@GATEWAY LAKES, 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 SIXTH DAY OF SEPTEMBER, A.D. 2017.

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



Authentication: 203173306

Date: 09-06-17