M18000011534

s Name)
(ip/Phone #)
VAIT MAIL
ntity Name)
Number)
ertificates of Status
ficer:

Office Use Only



12/21/16--01009--023 **638.75

11/19/18--01038--020 **125.00



N CULLIGAN: DEC 2 1 2018

COVER LETTER

	gistration Section vision of Corporation	25		*	
cub item	Azeele Townhomes	LLC		·	
SUBJECT	·	Name of I	Limited Liability Con	npany	
					nsact Business in Florida," Certificate of company to transact business in Florida
Please retur	n all correspondence	concerning this matter to the	following:		
	Elsie Chapman				
		Na	ame of Person		
	Azeele Townho	omes LLC			
		Fi	rm/Company		
	305 S MacDill	Ave			
			Address		
	Tampa FL 336	09			
		City/Si	ate and Zip Code	-	-
	elsie@blake-bui	ding.com			
		E-mail address: (to be used	for future annual rep	port noti	fication)
For further	information concernin	g this matter, please call:			
Pe	ter Bennett		813 (873-195	0
	Name o	of Contact Person	Area Code	Dayt	ime Telephone Number
Di Re P.0	AILING ADDRESS: vision of Corporations gistration Section O. Box 6327 dlahassee, FL 32314		Di Re Cl 26	eivision o egistratio lifton Bu	ADDRESS: of Corporations on Section ailding cutive Center Circle se, FL 32301
Enclosed is	a check for the follow \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing F Certified Copy	Fee &	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy





FLORIDA DEPARTMENT OF STATE Division of Corporations

December 3, 2018

ELISE CHAPMAN 305 S MACDILL AVE TAMPA, FL 33609

SUBJECT: AZEELE TOWNHOMES LLC

Ref. Number: W18000104101

We have received your document for AZEELE TOWNHOMES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II

Bank Account.
Project Address.
Justomer Name
Acct Code

optoved By/Date

Letter Number: 618A00024655

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:

(Name of Foreign	Limited Liability Company; must include "Limi		2")
If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in I	lorida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC.")
2 Delaware		3. 82-4337945	
(Jurisdiction under the law of w	nich foreign hmated liability company is organized)	(FEI n	number, if applicable)
4 12/27/2017			
-	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	to registration.) mine penalty hability)	
5 305 S MacDill Ave	•	6. 305 S MacDill Ave	
(Street Address of I	rincipal Office)	(Mailing)	Address)
Tampa FL 33609		Tampa FL 33609	 5
			<u></u>
			SECRET
7. Name and street addres	s of Florida registered agent: (P.O. Bo	ox NOT acceptable)	E A
XI	Peter Bennett		SS
Name:			m _C
Office Address:	305 S MacDill Ave		·
	Tampa	, Florida 33609	ei.
	(City)	, i lorida(Zip	code)
Having been named as re designated in this applica to comply with the provisi	gistered agent and to accept service o tion, I hereby accept the appointment ions of all statutes relative to the prop s of my position as registered agent.	as registered agent and agree to deer and complete performance of n	act in this capacity. I further agre
designated in this applica to comply with the provisi and accept the obligation.	gistered agent and to accept service o tion, I hereby accept the appointment ions of all statutes relative to the prop	as registered agent and agree to deer and complete performance of n	act in this capacity. I further agre ny duties, and I am familiar with
Having been named as re designated in this applica to comply with the provisi and accept the obligation. 8. The name, title or caps Title or Capacity:	gistered agent and to accept service of tion, I hereby accept the appointment tions of all statutes relative to the property of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: Larry B Stoller 4811 Emerson Av. #203	as registered agent and agree to deer and complete performance of n 's signature) has/have authority to manage is/are	act in this capacity. I further agre ny duties, and I am familiar with
Having been named as re designated in this applica to comply with the provisi and accept the obligation. 8. The name, title or caps Title or Capacity:	gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: Larry B Stoller	as registered agent and agree to deer and complete performance of n 's signature) has/have authority to manage is/are	act in this capacity. I further agre ny duties, and I am familiar with
Having been named as re designated in this applica to comply with the provisi and accept the obligation. 8. The name, title or caps Title or Capacity:	gistered agent and to accept service of tion, I hereby accept the appointment tions of all statutes relative to the property of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: Larry B Stoller 4811 Emerson Av. #203	as registered agent and agree to deer and complete performance of n 's signature) has/have authority to manage is/are	act in this capacity. I further agre ny duties, and I am familiar with
Having been named as re designated in this applica to comply with the provisi and accept the obligation. 8. The name, title or caps Title or Capacity:	gistered agent and to accept service of tion, I hereby accept the appointment tions of all statutes relative to the property of my position as registered agent. (Registered agent active and address of the person(s) who Name and Address: Larry B Stoller 4811 Emerson Av. # 203 Palatine IL 600 67	as registered agent and agree to deer and complete performance of n 's signature) has/have authority to manage is/are	act in this capacity. I further agre ny duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provisional accept the obligation. 8. The name, title or capacity: MGR (Use attachments if neces 9. Attached is a certificate	gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent. (Regulared agent acity and address of the person(s) who Name and Address: Larry B Stoller 4811 Emerson Av. #203 Palatine IL 600 67	as registered agent and agree to der and complete performance of no new performance of ne	c: Name and Address:
Having been named as redesignated in this applicate to comply with the provisional accept the obligation. 8. The name, title or capacity: MGR (Use attachments if necesses) 9. Attached is a certificate jurisdiction under the law of the translator must be sufficiently. 10. This document is exec	gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent. (Regulared agent acity and address of the person(s) who Name and Address: Larry B Stoller 4811 Emerson Av. #203 Palatine IL 600 67	as registered agent and agree to der and complete performance of no resignature) has/have authority to manage is/are Title or Capacity: d, duly authenticated by the official ate is in a foreign language, a trans	e: Name and Address: having custody of records in the slation of the certificate under oath
Having been named as redesignated in this applicate to comply with the provisional accept the obligation. 8. The name, title or capacity: MGR (Use attachments if necesses) 9. Attached is a certificate jurisdiction under the law of the translator must be sufficiently. 10. This document is exec	gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent. Registered agent Registered agent	as registered agent and agree to der and complete performance of no resignature) has/have authority to manage is/are Title or Capacity: d, duly authenticated by the official ate is in a foreign language, a trans	e: Name and Address: having custody of records in the slation of the certificate under oath
Having been named as redesignated in this applicate to comply with the provisional accept the obligation. 8. The name, title or capacity: MGR (Use attachments if necesses) 9. Attached is a certificate jurisdiction under the law of the translator must be sufficiently. 10. This document is exec	gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent. Registered agent Registered agent	as registered agent and agree to der and complete performance of notes and complete performance of notes in a signature) thas/have authority to manage is/are Title or Capacity: d, duly authenticated by the official ate is in a foreign language, a transitude of the complete is in a foreign language, a transitude of the complete is in a foreign language.	e: Name and Address: having custody of records in the slation of the certificate under oath

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AZEELE TOWNHOMES, 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 SEVENTH DAY OF NOVEMBER, A.D. 2018.

- Authentication:-203857491 · ·

Date: 11-07-18

- 6667821--8300