# 144 COOODP1M

(Requesto	's Name)
(Address)	
(Address)	
(City/State	(Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies (	Pertificates of Status
Special Instructions to Filing C	Officer:

Office Use Only



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BKINSEY

#### Incorporating Services, Ltd.

1540 Glenway Drive
 Tallahassee, FL 32301
 850.656.7956

Fax: 850.656.7953 www.Incserv.com

e-mail: accounting@incserv.com

#### **ORDER FORM**

Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com

FROM Melissa Stops mstops@incserv.com 850.656.7953

REQUEST DATE 8/12/2019

850-245-6051

**PRIORITY** Expedite

**OUR REF # (Order ID#)** 761595

ORDER ENTITY
AMPLE HILLS AVENTURA, LLC

### PLEASE PERFORM THE FOLLOWING SERVICES: AMPLE HILLS AVENTURA, LLC (FL)

File the attached foreign qualification document

#### **NOTES:**

\$125.00 Authorized

Email address for annual report reminders: accounting@amplehills.com

#### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, August 12, 2019 Page 1 of 1

#### 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in Flor	ids. The alternate name must include "Limited Liabilis	y Company," "I	L.L.C," or "L	TC.
New York		83-4427755			
(Jurisdiction under the law of	which foreign limited hability company is organized)	3. (FEI number, if applicable)			
9/1/2019					
	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	egistration.) se penalty liability)	<del>-</del>		
19565 Biscayne Blvd,	Room 958	499 Van Brunt Street 44			
(Street Address of	Principal Office)	6. (Mailing Address	)		_
Aventura, FL 33180		Brooklyn, NY 11231			
					-
Name and street addre	ss of Florida registered agent: (P.O. Box Incorporating Services, Ltd.	NOT acceptable)	 <u></u>	2019 AU	
		NOT acceptable)	 	2019 AUS 12	
Name:	Incorporating Services, Ltd.	NOT acceptable)  Florida 32301			

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.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Brian Smith ☐ Manager Manager Name: \_\_\_\_\_ Address: 231 Dcan Street Member Member | Address: Brooklyn, NY 11217 Authorized Authorized Person Person Other\_ Other\_\_\_\_ \_\_Other\_\_ Other Manager Manager | Name: \_\_\_\_\_ Member Address: ☐ Member Address: Authorized Authorized Person Person Other Other\_\_\_\_ Other\_ Oth**e**r Manager Manager Manager Member Address: Member Address: Authorized Authorized Person Person \_\_Other\_\_\_\_\_ Other Other Important Notice; Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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) 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. BRIAN SMITH
Typed or printed name of signee

## State of New York Department of State } ss:

I hereby certify, that AMPLE HILLS AVENTURA, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/05/2019, and that the Limited Liability Company is existing so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 09th day of August two thousand and nineteen.

Brandon C Hughan

Brendan C. Hughes Deputy Secretary of State

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