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FILED

2019 SEP 18 PM 3: 13

SECKETARY OF STATE

TALLAHASSEF, FI TOBIE

Y SCOTT SEP 2 3 2019







September 11, 2019

SUZANNE WILDER 1001 BRICKELL BAY DRIVE SUITE:1504 MIAMI, FL 33131

SUBJECT: VENTURA POINTE APARTMENTS, LLC

Ref. Number: W19000082300

We have received your document for VENTURA POINTE APARTMENTS, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 619A00018690

RECEIVED SEP 1 8 2019



September 17, 2019

SENT VIA FEDEX 776266054838 TO:

Department of State
Division of Corporations
Certification Section
Clifton Building
2661 Executive Center Cir.
Tallahassee, FL 32301

RE: Entity name: Ventura Pointe Apartments, LLC

Reference number: W19000082300

FILED
2019 SEP 18 PM 3: 13
SECIENTISSEE, FLORIDA
TALLANDASSEE, FLORIDA

Dear Sir or Madam,

Enclosed please find the Certificate of Good Standing for Ventura Pointe Apartments, LLC along with the initial submission.

Regards,

Suzanne L. Wilder Corporate Counsel 305-878-2798

COVER LETTER

TO:

Registration Section

Div	ision of Corporations			
JBJECT:	Ventura Pointe Apartments, LLC			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		me of Limited Liability	Company	
	I "Application by Foreign Limited Liability and check are submitted to register the above			
ease return	all correspondence concerning this matter	to the following:		4
	Suzanne Wilder			
		Name of Person	12 S	
	Lloyd Jones LLC		LLAIL	FILED FILED
		Firm/Company	SSS	10 m
	1001 Brickell Bay Drive, Suite 1504		THO THE	至口
		Address	ORIT	
	Miami, FL 333131		P	
		City/State and Zip Code		
	swilder@lloydjonesllc.com			
	E-mail address: (to b	be used for future annua	l report notification)	
r further ir	nformation concerning this matter, please ca	all:		
Suz	zanne Wilder	305 at (415-9910	
	Name of Contact Person	Area Code	Daytime Telephone Num	ber
Div Reg P.O	ision of Corporations gistration Section b. Box 6327 lahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	closed is a check for the following amount: ase make check payable to: FLORIDA DE	PARTMENT OF STA	TE	
_	\$125.00 Filing Fee S130.00 Filing Certificate	Fee & 🔲 \$155.00	Filing Fee & 🔲 \$160.00 F	filing Fee. Certific & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ame unavailable, enter alternate n	aine adopted for the purpose of transacting business in Flo	rida. The alternate name mus	t include "Lim	ited Liability C	ompany," "L L C," or "L
Delaware		_			
(Jurisdiction under the law of wi	nich foreign limited liability company is organized)	3	ii.	il number at	pplicable)
			ָר יַ	CAE	T
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration.) ne penalty liability)		25.5	50 1
3411 Silverside Road,	Tatnall Building #104	1001 Bricke	ell Bay Dr	rive: Suite	1304
(Street Address of I	rincipal Office)	6		ing Address)	<u>ح</u> ن
Wilmington, DE 19810)	Miami, FL	33131	ORIGI ORIGI	13
Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)			
Name and street addres Name:	s of Florida registered agent: (P.O. Box Lloyd Jones LLC	NOT acceptable)			
		NOT acceptable)			
Name:	Lloyd Jones LLC 1001 Brickell Bay Drive, Suite 1504 Miami, FL		3313	ı	
Name:	Lloyd Jones LLC 1001 Brickell Bay Drive, Suite 1504 Miami, FL	NOT acceptable)	3313 rida(] Zip code)	

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: ____ LJ Ventura Pointe GP, LLC Manager Manager Name; _____ 1001 Brickeil Bay Drive ■ Member Address: ☐ Member Address: ____ Suite 1504 Authorized Authorized Miami, FL 33131 Person Person Other____ Other___ Other Other - - - - -Manager Name: Manager Manager Member Address: ______ ☐ Member Authorized Authorized Person Person Other__ Other Other Other Manager Manager Member Address: Member Address: ___ Authorized Authorized Person Person Other_____ 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 \$.817,155, F.S. Signature of an authorized person Suzanne L. Wilder

Typed or printed name of signee

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:38 PM 08/13/2019
FILED 04:38 PM 08/13/2019
SR 20196497747 - File Number 7559794

State of Delaware Limited Liability Company Certificate of Formation

First: The name of this Delaware limited liability company is:

Ventura Pointe Apartments, LLC

Second: The name and address of the registered agents of the Company is:

Corporate Creations Network Inc.
3411 Silverside Road Tatnall Building #104
Wilmington DE 19810

The undersigned authorized person has executed this Certificate of Formation on August 13, 2019.

/s/ Jim Perkins
Authorized Person:
Jim Perkins, Special Secretary

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VENTURA POINTE APARTMENTS, 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 SEVENTEENTH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VENTURA POINTE

APARTMENTS, LLC" WAS FORMED ON THE THIRTEENTH DAY OF AUGUST, A.D.

2019.

2019 SEP 18 PM 3: 13
SECRUTARY OF STATE
AND ANASSFE, FLORIDA

e at corp delaware gov/aut

Authentication: 203612396

Date: 09-17-19

7559794 8300
SR# 20197075448
You may verify this certificate online at corp.delaware.gov/authver.shtml