

**SECOND REQUEST - PLEASE HONOR ORIGINAL
FILE DATE OF NOVEMBER 21, 2019****M19000011277**

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(((H19000341478 3)))



H190003414783ABC4

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To:

Division of Corporations
Fax Number : (850) 617-6363

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP OF BOCA RATON
Account Number : 076376001555
Phone : (803) 255-9617
Fax Number : (561) 483-7321

**Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.**

Email Address: pdecain@aventoncompanies.com

**Foreign Limited Liability Company
Vineland Apartments Owner, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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NOV 25 2019**M. SOLOMON****2019 NOV 21 PM 4:48**

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. VINELAND APARTMENTS OWNER, 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.
(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. 4600 EAST WEST HIGHWAY (Street Address of Principal Office)	6. 4600 EAST WEST HIGHWAY (Mailing Address)
SUITE 630	SUITE 630
BETHESDA, MD 20814	BETHESDA, MD 20814

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

Name: BCRA, LLC

Office Address: 1905 NW CORPORATE BLVD, SUITE 310

BOCA RATON, Florida 33431
(City) (Zip code)

2018 NOV 21 PM 4:49
FILED

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)

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:**

☒ Manager Name: AVENTON MANAGER, LLC

☐ Member Address: 4600 EAST WEST HIGHWAY

☐ Authorized SUITE 630

Person BETHESDA, MD 20814

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

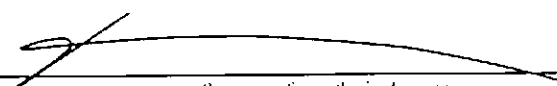
Person _____

☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.


Signature of an authorized person

PAUL DECAIN, PRESIDENT OF MANAGER

Typed or printed name of signee

Delaware

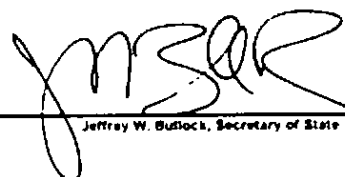
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VINELAND APARTMENTS OWNER, 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 TWENTY-FIRST DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VINELAND APARTMENTS OWNER, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2019.

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



Jeffrey W. Bullock, Secretary of State

7715402 8300

SR# 20198228471

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204060085

Date: 11-21-19

Yvonne Calvert

From: RightFax <rfax@10.0.100.213>
Sent: Thursday, November 21, 2019 4:25 PM
To: Yvonne Calvert
Subject: Your fax has been successfully sent to Division of Corporations at 1-850-617-6383.

Your fax has been successfully sent to Division of Corporations at 1-850-617-6383.

From: Yvonne Calvert

11/21/2019 4:22:18 PM Transmission Record

Sent to 18506176383 with remote ID "850-617-6381"

Result: (0/339;0/0) Success

Page record: 1 - 4

Elapsed time: 02:20 on channel 2

Yvonne Calvert

From: RightFax <rfax@10.0.100.213>
Sent: Friday, November 22, 2019 2:16 PM
To: Yvonne Calvert
Subject: Your fax has been successfully sent to Division of Corporations at 1-850-617-6383.

Your fax has been successfully sent to Division of Corporations at 1-850-617-6383.

From: Yvonne Calvert

11/22/2019 2:12:12 PM Transmission Record
Sent to 18506176383 with remote ID "850-617-6381"
Result: (0/339;0/0) Success
Page record: 1 - 5
Elapsed time: 02:41 on channel 4