

W190000112265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

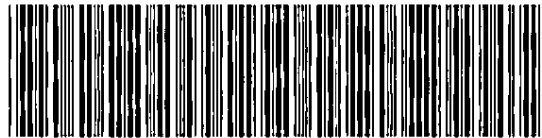
(Document Number)

Certified Copies _____ Certificates of Status _____

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12/27/19--01019--004 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 DEC 27 PM 4:49

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TALLAHASSEE, FLORIDA

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RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. Chateau Village Multifamily Real Estate, L.L.C.
(Corporation Name) Document #

2. _____
(Corporation Name) Document #

☒ Walk in

_____ Pick up time _____

_____ Mail out

_____ Will wait

_____ Photocopy

☒ Certified Copy

_____ Certificate of Status

NEW FILINGS

_____ Profit
_____ Not for Profit
☒ Limited Liability
_____ Domesitication
_____ Other

AMMENDMENTS

_____ Amendment
_____ Resignation of R.A. Officer/Director
_____ Change of Registered Agent
_____ Dissolution/Withdrawal
_____ Merger

OTHER FILINGS

_____ Annual Report
_____ Fictitious Name

REGISTRATION/QUALIFICATIONS

_____ Foreign
_____ Limited Partnership
_____ Reinstatement
_____ Trademark
_____ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chateau Village Multifamily Real Estate, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Steven D. Rinaldi

Name of Person

Steven D. Rinaldi, P.C.

Firm/Company

Suite 301, 4845 Rugby Avenue

Address

Bethesda, Maryland 20814

City/State and Zip Code

stevendrinaldi@msn.com

E-mail address: (to be used for future annual report notification)

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STATE OF FLORIDA
TALLAHASSEE

For further information concerning this matter, please call:

Steven D. Rinaldi	240	481-2706
Name of Contact Person	at (Area Code)	Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 800.02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN (LIMITED LIABILITY)
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Chateau Village Multifamily Real Estate, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLP")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP")

2. Delaware

84-3958792

(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

Company has not yet done business in Florida.

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

815 Main Street

5. (Street Address of Principal Office)

6. (Mailing Address)

Saint Joseph, Michigan 49805

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STATE
TALLAHASSEE, FLORIDA

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

Name: Mark Dowsett

Office Address: 605 Highview Terrace South

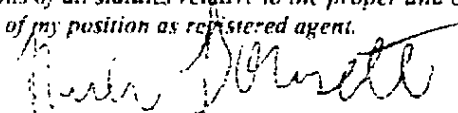
Brandon, Florida 33510

(City)

(Zip code)

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):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Heaps Family Holding <i>copy</i>	<input checked="" type="checkbox"/> Manager	Name: Mark Dowsett
<input checked="" type="checkbox"/> Member	Address: 815 Main Street	<input checked="" type="checkbox"/> Member	Address: 605 Highview Terrace
<input type="checkbox"/> Authorized	Saint Joseph, Michigan 49805	<input type="checkbox"/> Authorized	South
<input type="checkbox"/> Person		<input type="checkbox"/> Person	Brandon, Florida 33510
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
<input type="checkbox"/> Person		<input type="checkbox"/> Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Steven D. Rinaldi	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: Suite 301	<input type="checkbox"/> Member	Address:
<input checked="" type="checkbox"/> Authorized	4845 Rugby Avenue	<input type="checkbox"/> Authorized	
<input type="checkbox"/> Person	Bethesda, Maryland 20814	<input type="checkbox"/> Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

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 DEPARTMENT OF STATE

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 605.0263 (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.

Steven D. Rinaldi

Signature (for filing only)

Steven D. Rinaldi

Corporate Secretary

Printed name (for filing only)

Delaware


The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CHATEAU VILLAGE MULTIFAMILY REAL
ESTATE, 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 ELEVENTH DAY OF DECEMBER,
A.D. 2019.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

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