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T. LEMMELY

COVER LETTER

TO:

Registration Section

Div	ision of Corporations					
SUBJECT:	Avisa Lakes Apartments, LLC					
SCDGE I.	Name of Limited Liability Company					
		Company for Authorization to Transact Business in Florida." Certificate of referenced foreign limited liability company to transact business in Florida.				
Please return	all correspondence concerning this matter to	the following:				
	Suzanne L. Wilder					
Name of Person						
	Lloyd Jones LLC					
	Firm/Company					
	1001 Brickell Bay Drive, Suite 1504					
	Address					
	Miami, FL 33131					
	C	ity/State and Zip Code				
	swilder@lloydjonestlc.com					
	E-mail address: (to be	used for future annual report notification)				
For further is	nformation concerning this matter, please cal	1:				
Suz	sanne L. Wilder	305 878-2798				
	Name of Contact Person	at () Area Code Daytime Telephone Number				
Mailing Address: Registration Section		Street Address: Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee				
		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Ple	closed is a check for the following amount: ase make check payable to: FLORIDA DEP \$125.00 Filing Fee \$\square\$ \$130.00 Filing Fee Certificate o	e & 🗆 \$155,00 Filing Fee & 🗏 \$160.00 Filing Fee, Certificate				





FLORIDA DEPARTMENT OF STATE Division of Corporations

January 28, 2020

SUZANNE L WILDER 1001 BRICKELL BAY DR STE 1504 MIAMI, FL 33131

SUBJECT: AVISA LAKES APRTMENTS, LLC

Ref. Number: W20000008123

We have received your document for AVISA LAKES APRTMENTS, LLC and your check(s) totaling \$160.00. 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) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 020A00002007

Division of Communities D.O. DOV 0007 Wellshopen Pluside 0001

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:

Avisa Lakes Apartment (Name of Foreign	s, LLC Limited Liability Company; must include "Limited	Liabilie	Company,""L.L.C.," or "LLC)		
f name unavailable, enter alternate r	uame adopted for the purpose of transacting business in Flo	orida. The	alternate name must include "Limi	ed Liabili	ty Company,	""L.L.C," or "L.L.C.
Delaware		84-4254691				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3.	(FEI	number, if	applicable)	
					_	
	(Date first transacted business in Florida, if prior to 1 (See sections 605.0904 & 605.0905, F.S. to determi	registratio ne penalty	i.) liability)			
1001 Brickell Bay Drive, Suite 1504			1102 A1A N, Suite 206			•
Street Address of Principal Office)			(Mailing Address)			
Miami, FL 33131			Ponte Vedra, FL 32082			
			-		2000 F.C8	77
Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u>	acceptable)	HASSIE.	G 10 P	m
Name:	LLoyd Jones LLC				· F	
Office Address:	1001 Brickell Bay Drive, Suite 1504					
	Miami		33131 , Florida			
	(Crty)		(Zip co	đe)		
esignated in this applica comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.	s regist	ered agent and agree to	act in ti	his capac	ity. I further
	(Registered agent's 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: Title or Capacity: Name and Address: Lloyd Jones Manager, LLC Manager □Manager Name: 1001 Brickell Bay Dr., Ste 1504 Address: _ □Member □Member Address: Miami, FL 33131 ☐ Authorized ☐ Authorized Person Person □Other____ □Other □Other Other □Manager □Manager Name: Name: _______ Address: _ □Member □Member Address: _____ _____ ☐ Authorized ☐ Authorized Person Person □Other__ Other____ Other___ Other____ □Manager Name: _____ □Manager Name: _____ □ 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 shirld degree felony as provided for in s.817.155, F.S. Signature of an authorized person

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AVISA LAKES APARTMENTS JV, 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 FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVISA LAKES

APARTMENTS JV, LLC" WAS FORMED ON THE TENTH DAY OF JANUARY, A.D.

2020.

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

at corn delaware gov/auth

Authentication: 202343179

Date: 02-07-20