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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO). :	I200	000	000	1:	95
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REFERENCE : 730934 7288091

AUTHORIZATION _:

COST LIMIT (\$ 125.00

ORDER DATE: March 24, 2021

ORDER TIME : 11:39 AM

ORDER NO. : 730934-005

CUSTOMER NO: 7288091

FOREIGN FILINGS

NAME: CVIII WATERVIEW AT COCONUT

CREEK LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX_____ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

COVER LETTER

Division o	f Corporations					
CVIII SUBJECT:	Waterview at Coconut Creek LLC					
	Nan	ne 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 con	respondence concerning this matter	to the following:				
_		Name of Person				
_	Firm/Company					
_		Address				
_	C	City/State and Zip Code				
	E-mail address: (to b	e used for future annual report notification)				
For further informat	ion concerning this matter, please ca	all:				
	Name of Contact Person	at ()				
34 - 11 4						
Mailing Address: Registration Section		Street Address: Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				
		Tallahassee, FL 32303				
Please mak	s a check for the following amount: te check payable to: FLORIDA DEF Filing Fee					

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: CVIII Waterview at Coconut Creek 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.I. C," or "LLC,") 86-2713876 Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability) 730 Third Avenue 730 Third Avenue (Street Address of Principal Office) (Mailing Address) New York, NY 10017 New York, NY 10017 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee 32301 (City) Registered agent's acceptance:

Corporation Service Company

and accept the obligations of my position as registered agent.

By:

(Registered agent's signature)

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

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: Name and Address: Title or Capacity: Name: ____ Carlos Burneo ☐ Manager □Manager Address: _____ 501 Brickell Key Drive Address: □Member □Member New York, NY 10017 Suite 504 Authorized Authorized Miami, FL 33131 Person Person □Other_____ Other____ □Other Other Wendy Henderson Name: __ Name: Serge Kavege □Manager ☐ Manager 8500 Andrew Carnegie Blvd Address: _____ □Member □Member Charlotte, NC 28262 Charlotte, NC 28262 ■ Authorized ■ Authorized Person Person □Other__ □Other____ □Other_____ Other Name: □ Manager Address: Address: _____ □Member □ Member ☐ 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 s.817.155, F.S.

Wendy Henderson
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 "CVIII WATERVIEW AT COCONUT CREEK 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-FIFTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CVIII WATERVIEW

AT COCONUT CREEK LLC" WAS FORMED ON THE FIFTEENTH DAY OF MARCH,

A.D. 2021.

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

Authentication: 202819971

Date: 03-25-21