

M 21000013226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

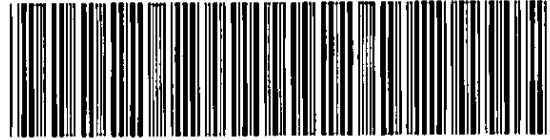
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

W21-133421

Office Use Only



000371424030

FILED  
2021 OCT -5 AM 8:56  
TALLAHASSEE, FL

RECEIVED  
2021 OCT -5 PM 4:17  
TALLAHASSEE, FL

Handwritten signature



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 6, 2021

COGENCY GLOBAL

SUBJECT: BUENA VISTA 1 AMI LLC  
Ref. Number: W21000133421

We have received your document for BUENA VISTA 1 AMI LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes  
Regulatory II

Letter Number: 721A00024297



**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

Date: **October 07, 2021**

Account#: I200000000088

Name: **KEN HOWELL**

Reference #: **1494074**

Entity Name: **BUENA VISTA 1 AMI LLC**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other: \*\*PLEASE RETAIN ORIGINAL FILE DATE OF 10/5/2021 \*\* & \*\* CERTIFIED COPY UPON FILING.\*\*


ISSUES? CALL  
KEN:  
518-213-0738

2021 OCT -7 PM 4:21

RECEIVED

COGENCYGLOBAL  
TALLAHASSEE, FLORIDA

Authorized Amount: **\$155.00**

Signature: 

• CORPORATE HQ  
COGENCY GLOBAL INC  
115 E 40 ST 10 FL  
NY NY 10016  
800.771.0107  
+1.212.947.7200

• EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES  
TECHNICALS 10/72  
6 BEVIS MARKS, 11 FL  
LONDON EC3A 7BA  
+44 (0)20.3786.1090

• ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
INFINITUS PLAZA, 12TH FL  
199 DLS VOEUX RD CENTRAL  
HONG KONG  
+852.3975.1803

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Buena Vista 1 AMI 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:

**Denise M. Martell**

Name of Person

**Gordon, Fournaris & Mammarella, P.A.**

Firm/Company

**1925 Lovering Avenue**

Address

**Wilmington, DE 19806**

City/State and Zip Code

**jsmith@cmta.com**

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

For further information concerning this matter, please call:

**Denise Martell**

Name of Contact Person

at ( **302** )

Area Code

**652-2900**

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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Buena Vista 1 AMI LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," 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. Buena Vista 1 AMI LLC  
(Street Address of Principal Office)
6. Buena Vista 1 AMI LLC  
(Mailing Address)
- 101 67th Street, Unit #1  
Holmes Beach, FL 34217
- 101 67th Street, Unit #1  
Holmes Beach, FL 34217

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

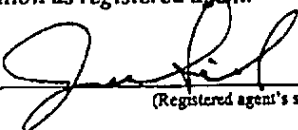
Name: Jeremy Smith

Office Address: 101 67th Street, Unit #1

Holmes Beach, Florida 34217  
(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)

FILED  
2021 OCT -5 AM 8:56  
CLERK OF STATE  
TALLAHASSEE, FL

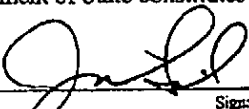
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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: <u>Jeremy Smith</u>                 | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member             | Address: <u>5800 Mount Pleasant Drive</u> | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized         | <u>Prospect, KY 40059</u>                 | <input type="checkbox"/> Authorized  | _____                                |
| Person                                      | _____                                     | Person                               | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____      | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager        | Name: _____                               | <br><input type="checkbox"/> Manager | Name: _____                          |
| <input type="checkbox"/> Member             | Address: _____                            | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized         | _____                                     | <input type="checkbox"/> Authorized  | _____                                |
| Person                                      | _____                                     | Person                               | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____      | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager        | Name: _____                               | <br><input type="checkbox"/> Manager | Name: _____                          |
| <input type="checkbox"/> Member             | Address: _____                            | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized         | _____                                     | <input type="checkbox"/> Authorized  | _____                                |
| Person                                      | _____                                     | Person                               | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____      | <input type="checkbox"/> Other _____ | <input type="checkbox"/> 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

Jeremy Smith, Manager

\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BUENA VISTA 1 AMI 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 FIFTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BUENA VISTA 1 AMI LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2021.

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



6260977 8300

SR# 20213428074

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204327243

Date: 10-05-21