

M21000016396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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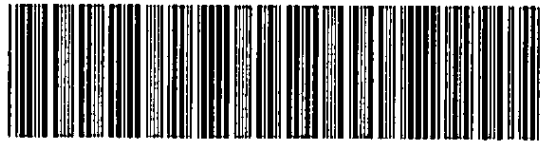
(Business Entity Name)

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2021 DEC -3 AM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FVP DADELAND SOUTH MANAGER, 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:

FERNANDO ALVAREZ

Name of Person

FLORIDA VALUE PARTNERS

Firm/Company

15500 NEW BARN ROAD, SUITE 104

Address

MIAMI LAKES, FL 33014

City/State and Zip Code

FALVAREZ@FVPRE.COM

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

For further information concerning this matter, please call:

FERNANDO ALVAREZ

305

403-0122

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

1. FVP DADELAND SOUTH MANAGER, 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.")

DELAWARE

2. (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)

15500 NEW BARN ROAD #104

15500 NEW BARN ROAD #104

5. (Street Address of Principal Office)

6. (Mailing Address)

MIAMI LAKES, FL 33014

MIAMI LAKES, FL 33014

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

Name: THE ELIAS LAW FIRM, PLLC

Office Address: 15500 NEW BARN ROAD #104

MIAMI LAKES 33014

(City)

, Florida

(Zip code)

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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: GUSTAVO ALFONSO	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 15500 NEW BARN ROAD	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	SUITE 104	<input type="checkbox"/> Authorized	_____
Person	MIAMI LAKES, FL 33014	Person	_____
<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	_____
Person	_____	Person	_____
<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	_____
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

FERNANDO ALVAREZ

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 THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "FVP DADELAND SOUTH
MANAGER, LLC", FILED IN THIS OFFICE ON THE TWENTY-SECOND DAY OF
NOVEMBER, A.D. 2021, AT 12:26 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

6411799 8100
SR# 20213865357

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

Authentication: 204765467
Date: 11-22-21

STATE of DELAWARE
CERTIFICATE of FORMATION of
FVP DADELAND SOUTH MANAGER, LLC

First: The name of the limited liability company is:

FVP DADELAND SOUTH MANAGER, LLC

Second: The address of its registered office in the State of Delaware is 1209 Orange Street, Corporation Trust Center, City of Wilmington, Delaware 19801. The name of its registered agent at such address is The Corporation Trust Company.

Third: The limited liability company shall have a perpetual existence.

In Witness Whereof, the undersigned has executed this Certificate of Formation of FVP Dadeland South Manager, LLC in this 22nd day of November 2021.

/s/ Marina Boldt

Marina Boldt

Authorized Person