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DATE: 3/2/2022

NAME: BUENA SANDS APARTMENTS, LLC

TYPE OF FILING: APPLICATION

COST:

130.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:

Registration Section

	Buena Sands Apartments, LLC					
30banet	Name of Limited Liability Company					
The enclosed ^r Existence, and	Application by Foreign Limited Liabil- check are submitted to register the abo	ity Company for Authorization to referenced foreign limited lia	to Transact Business in Florida," Certificate of ability company to transact business in Florida.			
Please return a	Il correspondence concerning this matt	er to the following:				
	David T. Sanford					
		Name of Person				
	Newport Law Group					
	Firm/Company					
	610 Newport Center Dr., Stc. 840					
		Address				
	Newport Beach, Ca 92660					
		City/State and Zip Code				
	dtsanford1@aol.com					
		o be used for future annual repor	rt notification)			
For further inf	ormation concerning this matter, please	call:				
David	d T. Sanford	at (6-9508			
 ·	Name of Contact Person	Area Code	Daytime Telephone Number			
Regi Divi P.O.	stration Section sion of Corporations Box 6327 ahassee, FL 32314	Street Address: Registration Section Division of Corporative Centre of Talli 2415 N. Monroe S Tallahassee, FL 32	rations ahassee treet, Suite 810			
Pleas	osed is a check for the following amount e make check payable to: FLORIDA I 25.00 Filing Fee \$130.00 Filing Certifica	it: DEPARTMENT OF STATE	ec & 🔲 \$160,00 Filing Fee, Certificate			

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 FOREXIN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Buena Sands Apartments, 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.") 82-2381494 California (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) 16787 Beach Blvd Ste 243 16787 Beach Blvd Ste 243 (Street Address of Principal Office) (Mailing Address) Huntington Beach, CA 92647 Huntington Beach, CA 92647 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Paracorp Incorporated Name: 155 Office Plaza Drive, 1st Floor Tallahassee . Florida _ 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. SEE ATTACHED (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]:

Title or Capacity:	Name and Address:	Title or Capacity	ï	Name and Address:
⊞ Manager	Name:	□Manager	Name:	
□Member	Address: 15666 Castlewoods	□Member	Address:	
□Authorized	Sherman Oaks, Ca 91403	□Authorized		
Person		Person		
□Other	Other	Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□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. 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.

,	Revier	
_	Signature of an authorized person	
Julius Giannini		
	Typed or printed name of signee	

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 03/01/2022

ENTITY NAME: BUENA SANDS APARTMENTS, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:

BUENA SANDS APARTMENTS, LLC

File Number:

201608310253

Registration Date:

03/17/2016

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Jurisdiction:

CALIFORNIA

Status:

ACTIVE (GOOD STANDING)

As of February 28, 2022 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF. I execute this certificate and affix the Great Seal of the State of California this day of March 1, 2022.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: Y67L74G

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.