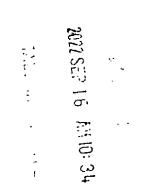
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(R	lequestor's Name)	
	ddaaa	<u> </u>
(А	ddress)	
(A	ddress)	
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(C	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(5	Jusiness Entity Name)	
(C	ocument Number)	
•	•	
Certified Copies	Certificates of	Status
Special Instructions to F	iling Officer:	

Office Use Only



600394516996





S. ROBERTS

SEP 1 6 2022

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

9/16/2022	(850) 656-4724
DATE 9/16/2022	
ENTITY NAME AVENT	ON MEADOW POINTE OWNER, LLC
DOCUMENT NUMBER	
	**PLEASE FILE THE ATTACHED AND RETURN**
	Plain Copy
XXXXXXXXX	Certified Copy
	Certificate of Status
	*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments  Certified Copy of Arts & Amendments Complete File (Including Annual Reports)  Certificate of Status  Certificate of Status Reflecting:
	**APOSTILLE' / NOTARIAL CERTIFICATION**
COUNTRY OF DESTINAT	70N
NUMBER OF CERTIFICA	TES REQUESTED
TOTAL OWED \$ 155.00	ACCOUNT # 120160000072 (20: 1)
Please call Tina at ti	he above number for any issues or concerns. Thank you so much!

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY. COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	nne adopted for the purpose of transacting business in Flo	uida. The alterna	ne name must include "Limited Lia	hility Company," "L. L. C.
DELAWARE			-3504753	
(Jurisdiction under the law of wh	ich foreign limited liability company is organized)	3	(FEI numbe	r, if applicable)
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determin	egistration ( ne penalty liabili	Ŋ1	<del></del>
1555 Palm Beach Lake:	Desilaring Suita \$ 10	155	5 Palm Beach Lakes Bou	
t Address of Principal Office)	S Domevard, Suite 840	6	(Mailing Address)	
Vest Palm Beach, Flori		Wes	st Palm Beach, Florida 33	3401
Name:	of Florida registered agent: (P.O. Box NRAI Services, Inc.	NOT accep	otable)	DZZ SEP 16 AH
Office Address:	1200 South Pine Island Road		_	AH 10: 31
	Plantation		33324 . Florida	<b>4</b>
	(City)		, Florida(Zip code)	

(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:	Name and Address:
□Manager	Name: Aventon Meadow Pointe JV, LLC	■Manager	Name: Aventon Manager, LLC
⊡Member	Address:C/o Aventon Companies, LLC	□Member	Address: c/o Aventon Companies, LLC
□Authorized	1555 Palm Beach Lakes Boulevard, Suite	□Authorized	1555 Palm Beach Lakes Boulevard, Suite
Person	West Palm Beach, Florida 33401	Person	West Palm Beach, Florida 33401
□Other	Other	□Other	Other
□Manager	Name: Robert M. Zimmerman	□Manager	Name:
⊡Member	Address:	□Member	Address:
■Authorized	560 Lexington Avenue	□Authorized	
Person	New York, New York 10022	Person	
□Other	Other	□Other	Other
□Manager	Name:	∐Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	□ Other

<u>Important Notice</u>: 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.

/s/ Robert Zimmermar	1
	Signature of an authorized person
Robert M. Zimmerman	
	To and as assessed a same of clarace

Page 1



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

DELAWARE, DO HEREBY CERTIFY "AVENTON MEADOW POINTE OWNER, 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 SIXTEENTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVENTON MEADOW

POINTE OWNER, LLC" WAS FORMED ON THE FIRST DAY OF AUGUST, A.D.

2022.

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

Authentication: 204410490

Date: 09-16-22

6943292 8300 SR# 20223542888