# M23000006947

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
	<del></del>	

Office Use Only



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ALLAHASSEE FLORIDA

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#### Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 05/30/2023					
					**WALK IN**
ENTITY NAME Propert	y at Rivendell I, LLC				
DOCUMENT NUMBER_			<del></del>		
	**PLEASE FILE THE	E ATTACHED	AND RETUR	PN**	
	Plain Copy				
XXXX	Certified Copy				
	Certificate of Status				
**/	PLEASE OBTAIN THE FO	OLLOWING FOR	? THE ABOVI	E ENTITY**	
	Certified Copy of Arts	& Amendments			
<del></del>	Certificate of Good Stan	nding			
	**APOSTILLE' / NO	OTARIAL CL	RTIFICATIO	DN**	
COUNTRY OF DESTINAT	70N				
NUMBER OF CERTIFICAT	TES REQUESTED				<del></del>
TOTAL OWED \$155		A	CCOUNT #	: 1201600000	72
			5,	8 F/16	
Please call Tina at th	ie above number for a	uny issues on	•		so much!

#### COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJEC	Property at Rivendell I, LLC			
		lame of Limited Liability	Company	
	osed "Application by Foreign Limited Liabil to and check are submitted to register the about turn all correspondence concerning this matter		ration to Transact Business in Florida." Certificate of ited liability company to transact business in Florida.	
	this matt	er to the following:		
	Martha M. Rogers			
		Name of Person		
		Firm/Company		
	14225 50th Street			
		Address		
	Wellington, FL 33414			
	marthamrogers@icloud.com	City/State and Zip Code		
	E-mail address: (to	be used for future annual	Tarrest C	
or further	information concerning this matter, please of	all:	eport notification)	
	lartha M. Rogers	804	338-7203	
	Name of Contact Person	Area Code	Daytime Telephone Number	
Re Di P.( Ta	ailing Address: Egistration Section Vision of Corporations O. Box 6327 Ilahassec, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303		
• •	closed is a check for the following amount: ase make check payable to: FLORIDA DEF \$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fe}\$  Certificate of	e & 💢 Sission min	Fee & S160 00 Filling the Courte	

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

IN COMPLIANCE WITH SECTION 605.0002 FLORIDA STATUTES. THE FOILOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA Property at Rivendell I, LLC (Name of Foreign Limited Liability Company) must include "Limited Liability Company," T. L. C., "or "LTC" ) (If name unavailable, cuter ahernate name adopted its the purpose of transacting business in Florida. The alternate name must include "United Utability Correstors," "L.C." or "L.C.") Delaware (turisdiction under the law of which foreign lurated liability company is of gentred-May 30, 2023 (Date first treasacted butiness in Florida, of prior to registration ( (See sections 605,0904 & 605,0905, F.S. to determine penalty hability) 14225 50th Street (Street Address of Principal Office) (Mailing Address) Wellington, FL 33414 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NRAI Services, Inc. Name: 1200 South Pine Island Road Office Address: Plantation , Florida (City) 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 ugent and agree to act in this capacity. I further agree to comply with the provisions of all stanutes relative to the proper and complete performance of my duties, and I am familiar with

Surve Casel, Asid Secy

NRAI Services, Inc.

(Registered agent's signature)

By:

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: □Маладег Martha M. Rogers **□**Manager Address: 14225 50th Street ☐ Member □Member Address: Wellington, FL 33414 Authorized ☐ Authorized Person Person Other\_ Other\_\_\_\_ □Other\_\_ GOther\_\_\_\_ □Manager Name; □ Manager Name: ☐ Member Address: □Member Address: ☐ Authorized ☐ Authorized Person Person □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. 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
- 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.

Martha M. Rogers Typed or printed name of agrice



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

DELAWARE, DO HEREBY CERTIFY "PROPERTY AT RIVENDELL I, 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 THIRTIETH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROPERTY AT RIVENDELL I, LLC" WAS FORMED ON THE THIRTIETH DAY OF MAY, A.D. 2023.

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

A CONTRACTOR OF THE PARTY OF TH

Authentication: 203437781

Date: 05-30-23