

M24000003222

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

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K. Brumbley

AB



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt  
Ext:  
Date: 03/13/24  
Order #: 1447523-1  
Re: Westgate Terrace Apartments, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.0 - FL State Account Number:

I20000000195

AUTH

A handwritten signature in black ink, appearing to read 'Shauna Godbolt', is written over the word 'AUTH'.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Westgate Terrace Apartments, 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:

Nicholas J. LeFevre

Name of Person

Westgate Terrace Apartments, LLC

Firm/Company

6120 Trumbull

Address

Detroit, MI 48208

City/State and Zip Code

nick@shsgrp.com

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

For further information concerning this matter, please call:

Nicholas J. LeFevre

248

379-6566

at ( )

Name of Contact Person

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. Westgate Terrace 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.")

2. Michigan  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-4108292  
(FEI number, if applicable)

4. 3/12/2024  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1112 Orange Ave.  
(Street Address of Principal Office)

6. 1112 Orange Ave.  
(Mailing Address)

Winter Springs, FL 32708

Winter Springs, FL 32708

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

Name: Sam Ahwal

Office Address: 1112 Orange Ave.

Winter Springs, Florida 32708  
(City) (Zip code)

2024 MAR 13 PM 7:17

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]:

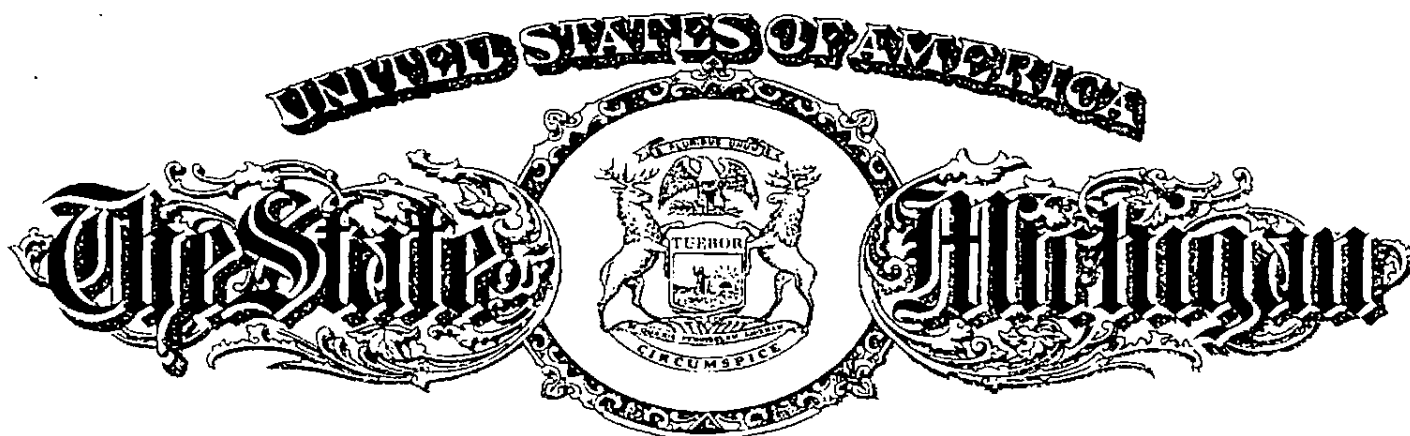
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Rene Ahwal</u>	<input type="checkbox"/> Manager	Name: <u>Sam Ahwal</u>
<input checked="" type="checkbox"/> Member	Address: <u>1112 Orange Ave.</u>	<input type="checkbox"/> Member	Address: <u>1112 Orange Ave.</u>
<input type="checkbox"/> Authorized	<u>Winter Springs, FL 32708</u>	<input checked="" type="checkbox"/> Authorized	<u>Winter Springs, FL 32708</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Nicholas J. LeFevre</u>	<input type="checkbox"/> Manager	Name: <u>-</u>
<input type="checkbox"/> Member	Address: <u>6120 Trumbull</u>	<input type="checkbox"/> Member	Address: <u>-</u>
<input checked="" type="checkbox"/> Authorized	<u>Detroit, MI 48208</u>	<input type="checkbox"/> Authorized	<u>-</u>
Person	_____	Person	<u>-</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>-</u>	<input type="checkbox"/> Manager	Name: <u>-</u>
<input type="checkbox"/> Member	Address: <u>-</u>	<input type="checkbox"/> Member	Address: <u>-</u>
<input type="checkbox"/> Authorized	<u>-</u>	<input type="checkbox"/> Authorized	<u>-</u>
Person	<u>-</u>	Person	<u>-</u>
<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  
  
Nicholas J. LeFevre  
\_\_\_\_\_  
Typed or printed name of signer CSC QUAL-29145



*This is to Certify That*

**WESTGATE TERRACE APARTMENTS, LLC**

*was validly authorized on November 30, 2010, as a Michigan  
DOMESTIC LIMITED LIABILITY COMPANY  
and said limited liability company is validly in existence under the laws of this state and has satisfied its  
annual filing obligations.*

*This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is  
in good standing in Michigan as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit  
given it in every court and office within the United States.*



*In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 12th day of March, 2024.*

*Linda Clegg*

**Linda Clegg, Director**

**Corporations, Securities & Commercial Licensing Bureau**

**Sent by electronic transmission**

**Certificate Number: 24030233605**

Verify this certificate at: URL to eCertificate Verification Search <http://www.michigan.gov/corpverifycertificate>.