

M2400001488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

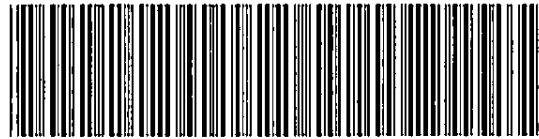
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400435903444

2024 SEP -6 PM 12:33

RECEIVED  
AND  
FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2024 SEP -5 PM 12:20

SEP 07 2024

K Brumbley

Handwritten signature/initials



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 5, 2024

RAFAEL GORDILLO  
2694 OAKMONT  
WESTON, FL 33332

SUBJECT: GRAND OAKS APARTMENTS, LLC  
Ref. Number: W24000124790

We have received your document for GRAND OAKS APARTMENTS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 224A00019900

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Grand Oaks 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:

Rafael Gordillo

Name of Person

North Point Apartments, LLC & Grand Oaks Apartments LLC

Firm/Company

2694 Oakmont

Address

Weston, FL 33332

City/State and Zip Code

gordilloholdings@gmail.com

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

For further information concerning this matter, please call:

Rafael Gordillo

305

342-4317

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. Grand Oaks Apartments, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

Grand Oaks Apartments TN, LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. TN 87-1933510  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 9/4/2024  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2694 Oakmont 2694 Oakmont  
(Street Address of Principal Office) (Mailing Address)  
Weston, FL 33332 Weston, FL 33332

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

Name: Rafael Gordillo  
Office Address: 2694 Oakmont  
Weston, Florida 33332  
(City) (Zip code)

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.

Rafael Gordillo  
(Registered agent's signature)

2024 SEP -6 PM 12:33  
RECEIVED  
FILED

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:	Rafael Gordillo		<input checked="" type="checkbox"/> Manager	Name:	Perry D Stolberg	
<input type="checkbox"/> Member	Address:	2694 Oakmont		<input type="checkbox"/> Member	Address:	18911 Collins Ave Apt 3604	
<input type="checkbox"/> Authorized		Weston, FL 33332		<input type="checkbox"/> Authorized		Sunny Isles Beach, FL 33160	
	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	
<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.

Rafael Gordillo

Rafael Gordillo Sep 4, 2024 11:15 EDT

Signature of an authorized person

Rafael Gordillo

Typed or printed name of signer



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**  
**State of Tennessee**  
312 Rosa L. Parks AVE. 6th FL  
Nashville, TN 37243-1102

**MEGAN MASSA**  
MEGAN MASSA  
3400 N UNIVERSITY DRIVE  
COOPER CITY, FL 33024

September 4, 2024

**Request Type: Certificate of Existence/Authorization**  
Request #: 0599900

Issuance Date: 09/04/2024  
Copies Requested: 1

**Document Receipt**

Receipt #: 009220921 Filing Fee: \$20.00  
Payment-Credit Card - State Payment Center - CC #: 3881078975 \$20.00

**Regarding: Grand Oaks Apartments, LLC**

Filing Type: Limited Liability Company - Domestic  
Formation/Qualification Date: 07/28/2021  
Status: Active  
Duration Term: Perpetual  
Business County: SHELBY COUNTY

Control #: 1224110  
Date Formed: 07/28/2021  
Formation Locale: TENNESSEE  
Inactive Date:

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**Grand Oaks Apartments, LLC**

\* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has filed the most recent annual report required with this office;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 069601219