

10/9/24, 4:13 PM

Division of Corporations

Florida Department of State

M24000012948
 Division of Corporations
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Division of Corporations
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 Fax Number : (561)214-8442

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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Foreign Limited Liability Company

Advenir Azora Development, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
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 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

2024 OCT -9 PM 4:31

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Electronic Filing Menu

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Advenir Azora Development, 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:

Osvaldo F. Torres

Name of Person

Torres Law, P.A.

Firm/Company

888 Southeast Third Avenue, Suite 400

Address

Fort Lauderdale, Florida 33316

City/State and Zip Code

ozzie@torreslaw.net

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

For further information concerning this matter, please call:

Osvaldo F. Torres

754

300-5815

Name of Contact Person

at (_____) _____
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 & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy 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. Advenir Azora Development, 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. 17501 Biscayne Boulevard
(Street Address of Principal Office)

6. 17501 Biscayne Boulevard
(Mailing Address)

Suite 300

Suite 300

Aventura, Florida 33160

Aventura, Florida 33160

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

Name: Torres Law, P.A.

Office Address: 888 Southeast Third Avenue, Suite 400

Fort Lauderdale, Florida 33316
(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.

(Registered agent's signature)

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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>Stephen L. Vecchitto</u> | <input type="checkbox"/> Manager | Name: <u>David L. Vecchitto</u> |
| <input type="checkbox"/> Member | Address: <u>17501 Biscayne Boulevard</u> | <input type="checkbox"/> Member | Address: <u>17501 Biscayne Boulevard</u> |
| <input type="checkbox"/> Authorized | <u>Suite 300</u> | <input type="checkbox"/> Authorized | <u>Suite 300</u> |
| Person | <u>Aventura, Florida 33160</u> | Person | <u>Aventura, Florida 33160</u> |
| <input checked="" type="checkbox"/> Other <u>President</u> | <input checked="" type="checkbox"/> Other <u>Managing Director</u> | <input checked="" type="checkbox"/> Other <u>Vice President</u> | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: <u>Matt Vecchitto</u> | <input type="checkbox"/> Manager | Name: <u>Marc A. Mariano</u> |
| <input type="checkbox"/> Member | Address: <u>17501 Biscayne Boulevard</u> | <input type="checkbox"/> Member | Address: <u>17501 Biscayne Boulevard</u> |
| <input type="checkbox"/> Authorized | <u>Suite 300</u> | <input type="checkbox"/> Authorized | <u>Suite 300</u> |
| Person | <u>Aventura, Florida 33160</u> | Person | <u>Aventura, Florida 33160</u> |
| <input checked="" type="checkbox"/> Other <u>Vice President</u> | <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> Other <u>Vice President</u> | <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.

/s/ Stephen L. Vecchitto

Signature of an authorized person

Stephen L. Vecchitto

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVENIR AZORA DEVELOPMENT, 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 NINTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVENIR AZORA DEVELOPMENT, LLC" WAS FORMED ON THE EIGHTH DAY OF AUGUST, A.D. 2024.

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



4472492 8300

SR# 20243907898

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204594495

Date: 10-09-24