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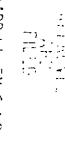
(R	equestor's Name)			
(A	ddress)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Name	e)		
(Document Number)				
Certified Copies	Certificates of	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 04/11/23 Order #: 665011-3

Re: Avanti Capital Partners (ASLI X), L.L.L.P.

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$1000.00 - FL State Account Number:

12000000195

AUTHORIZATION:

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: Avanti Capital Partners (ASLI X) L.L.L.P.	
Name of Foreign Limited Partnership or Limite	d Liability Limited Partnership
The enclosed application, certificate of status and fees are submitted partnership to transact business in Florida. Please return all correspondence concerning this matter to:	to register a foreign limited partnership or limited liability limited
Anne Kabourek	
Contact Person	
Avanti Properties Group	
Firm/Company	_
923 N Pennsylvania Ave.	
Address	_
Winter Park, FL 32789	
City, State and Zip Code	
akabourek@avantiprop.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Anne Kabourek at (407	628-8488
Name of Contact Person Area Code	and Daytime Telephone Number
Enclosed is a check for the following amount:	
□\$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee) □\$1,008.75 Filing Fees □\$1,052.50 F and Certificate of Status	
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

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

L Avanti Capital Partners (ASLLX) L.L.L.P. (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P., or LLLP. If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix. 2. Delaware 3. 12/19/2022 State or Country of Formation Date of Formation 4. Federal Employer Identification Number: 92-3054393 5. Name of Registered Agent for Service of Process and Florida Street Address: Corporation Service Company 1201 Hays Street Tallahassee, FL 32301 6. Thereby 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, Willard- branson, AUP Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 923 N Pennsylvania Ave 923 N Pennsylvania Ave. Winter Park, FL 32789 Winter Park, FL 32789 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: Name of General Partner: ______Avanti Properties Group III, L.L.L.F 923 N Pennsylvania Ave Street Address: ___ Street Address: ____ Winter Park, FL 32789 923 N Pennsylvania Ave Mailing Address: _____ Mailing Address: Winter Park, FL 32789 Name of General Partner: Name of General Partner: Street Address: _ Street Address: Mailing Address: _____ Mailing Address: _____

Page 1 of 2

Name of General Part	ner:	Name of General Partner:	
Street Address:		Street Address:	
Mailing Address:		Mailing Address:	
Note: If the date inserted i	er than the date of filing: orior to nor more than 90 days after this block does not meet the appoint the Department of State's reco	er the date this document is filed by the Florida Department blicable statutory filing requirements, this date will not be listed.	of State.)
12. Attached is a certificat Florida Department of Stat the law of which it is organ	te, by the Secretary of State or oth	not more than 90 days prior to the delivery of this application of the entity's records in the jurison	on to the diction under
Signed this	day of April	.20 23	
		Alle	
	Signa	ture of a general nartner	

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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Page 1



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

DELAWARE, DO HEREBY CERTIFY "AVANTI CAPITAL PARTNERS (ASLI X),

L.L.P." 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 ELEVENTH DAY OF APRIL, A.D.

2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVANTI CAPITAL PARTNERS (ASLI X), L.L.L.P." WAS FORMED ON THE NINETEENTH DAY OF DECEMBER, A.D. 2022.

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

STATE OF THE PARTY OF THE PARTY

Authentication: 203114126

Date: 04-11-23