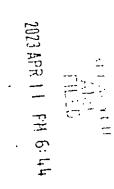
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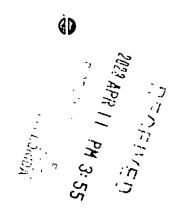
(Re	equestor's Name)			
(Address)				
(Ac	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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APR 1 1 2023 .< Brumbi≠y



To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 04/11/23 Order #: 665011-7

Re: AVANTI CAPITAL PARTNERS (ASLA I), 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 (ASLA I) L.	L.L.P.				
Name of Foreign Limited Partn	ership or Limited	Liability Limited Partnership			
The enclosed application, certificate of status and fe partnership to transact business in Florida. Please return all correspondence concerning this ma		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 repor	t notification)	-			
For further information concerning this matter, pleas	se call:				
Anne Kabourek	407	628-8488			
Name of Contact Person	Arca Code a	nd 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 and Certificate of Status	□\$1,052.50 Fili and Certified				
Mailing Address:		Street Address:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

1. Avanti Capital P	artners (ASLA I) L.L.L.P.			
Acceptable Limited	Partnership suffixes: Limited Partne	ability Limited Partnership, which must include suffix ership, Limited, L.P., LP, or Ltd. s: Limited Liability Limited Partnership, L.I.I.P or I.L.I		
If name unavailable		nership or limited fiability limited partnership proposes to rida; must contain acceptable suffix.	o register t	o transact
2. Delaware		3 12/19/2022		
	ate or Country of Formation	Date of Formation		
4. Federal Employe	er Identification Number. 92-3042	840		
	red Agent for Service of Process an			
 				
1201 Hays Street				
Tallahassee, FL 3	2301			
of all statutes rela my position as reg	ative to the proper and complete perjective agent.	nd agree to act in this capacity. I further agree to compi formance of my duties, and I am familiar with and accept Weland - VINSM, AVP Iture of Registered Agent	the obligation 2023 AFR	itions of
7. Principal Office:		8. Mailing Address:	AFI	
·		923 N Pennsylvania Ave	~	72
Winter Park, FL 32789		Winter Park, FL 32789		
	rship is a limited liability limited p			<u>-</u>
Name of Genera	l Partner: Avanti Properties Group	III, L.L.L.F Name of General Partner:		
Street Address:	923 N Pennsylvania Ave			
Silect Address.	Winter Park, FL 32789	Street Address:		
Mailing Address: 923 N Pennsylvania Ave Winter Park, FL 32789		Mailing Address:		
		Walling Address.		
Name of Genera	1 Partner:	Name of General Partner:		
Street Address:		Street Address:		
Mailing Address				

Page 1 of 2

Name of General Partne	er:	Name of General Partner:	
Street Address:		Street Address:	
Mailing Address:		Mailing Address:	
Note: If the date inserted in		r the date this document is filed by the Floicable statutory filing requirements, this d	
	, by the Secretary of State or other	not more than 90 days prior to the delivery or official having custody of the entity's re	
Signed this	day of	₂₀ 23	
	•	M	
	Signat	ure of a general partner	

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

Page 2 of 2

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AVANTI CAPITAL PARTNERS (ASLA I),

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 (ASLA I), 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.

THE RESERVE TO THE PARTY OF THE

Authentication: 203114128

Date: 04-11-23