M20000000628

(Requestor's Name)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(=
(Document Number)
Certified Côpies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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2020 JAN 15 PH 12: 35

35/10/

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 141201 7

AUTHORIZATION : India Blesson

COST LIMIT : \$/125'.00

ORDER DATE : January 14, 2020

ORDER TIME : 9:12 AM

ORDER NO. : 141201-005

CUSTOMER NO: 7624439

FOREIGN FILINGS

NAME: AVIO CONSULTING, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT#

EXAMINER:

2020 JAN 15 PHI2: 35

COVER LETTER

TO:	Registration Section Division of Corporations		**** •	٠.٥	
SUBJ	AVIO CONSULTING, LLC				
		me of Limited Liability Company			
		y Company for Authorization to Transact Business e referenced foreign limited liability company to t			
Please	return all correspondence concerning this matter	to the following:			
	ALEXANDER M. SZETO				
		Name of Person		_	
					
Address					
	DALLAS, TX 75204				
City/State and Zip Code aszeto@higierallen.com					
	aszeto@higierallen.com				
	E-mail address: (to	be used for future annual report notification)			
For fu	rther information concerning this matter, please of	call;			
Alexander M. Szeto, Esq.		972 759-1431 at ()		2020 JA!!	
	Name of Contact Person	Area Code Daytime Telephon	e Number		
	Mailing Address:	Street Address:		cn	,
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Section		ت-،	- 1
		Division of Corporations		PH 12:	زي
		The Centre of Tallahassee	•	?	1 4 2
		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		ა თ	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE				

☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee &

Certificate of Status

Certified Copy

S125.00 Filing Fee

☐ \$160.00 Filing Fee, Certificate

of Status & Certified Copy

. APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	SINESS INTHE STATE OF FLORIDA: LLC		•	
Name of Foreign	, LLC Limited Liability Company; must include "Limited I	liability Company," "L.L.C.," or "LLC.")		_
If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flori	da. The alternate name must include "Limited Liability Company	""LL-C," or "	тьс. т
TEXAS 2		N/A 3.		
(Jurisdiction under the law of w	thich foreign limited liability company is organized)	(FEI number, if applicable)		_
N/A 4.				
	(Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine	istration.) penalty liability)		
15851 DALLAS PKV	VY, SUITE 250	15851 DALLAS PKWY, SUITE 250		
Street Address of Principal Office)		6. (Mailing Address)		-
ADDISON, TX 75001	I-6017	ADDISON, TX 75001-6017		
7. Name and street addres Name:	ss of Florida registered agent: (P.O. Box)	NOT acceptable)	2020 JAI! I	
Office Address:	1201 Hays Street		5 PHI2	. ا فورا
	Tallahassee	32301	ယ ဟ	-
	(City)	(Zip code)		
designated in this applica to comply with the provisi	gistered agent and to accept service of protion, I hereby accept the appointment as t	ocess for the above stated limited liability con registered agent and agree to act in this capac nd complete performance of my duties, and I	city. I furt anı famili	her agre
	(Restituted apena's size		•	

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Gary Buffington Brandon Dean Name: Manager --Name: ■ Manager 15851 Dallas Pkwy, Suite 250 15851 Dallas Pkwy, Suite 250 Address: **■** Member **∄**Member Addison, TX 75001-6017 Addison, TX 75001-6017 ☐ Authorized ☐ Authorized Person Person □Other____ Other____ □ Other____ □Other Name: Adam M. Desjardin Name: _____ Manager □Manager 15851 Dallas Pkwy, Suite 250 Address: _ Address: □Member □Member Adam M. Desjardin ☐ Authorized □ Authorized Addison, TX 75001-6017 Person Person Other Other____ Other □ Other_ □Manager Name: _____ □Manager Name: Address: □Member Address: _____ □Member ☐ Authorized ☐ Authorized Person Person Other_ Other 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.

Brandon Dean, Manager

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Avio Consulting, LLC (file number 800833140), a Domestic Limited Liability Company (LLC), was filed in this office on June 21, 2007.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 14, 2020.



Phone: (512) 463-5555

Ruth R. Hughs

Secretary of State

Dial: 7-1-1 for Relay Services

Fax: (512) 463-5709