

M23000001653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

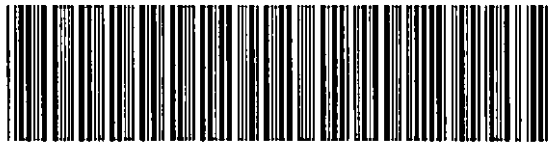
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FEB 09 2023
M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Avanti Destinations, 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:

Troy Busbee
Name of Person
Avanti Destinations, LLC
Firm/Company
111 SW Columbia St., Suite 1200
Address
Portland, OR 97201
City/State and Zip Code
dghores@avantidestinations.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Denice Ghores 503 821-1412
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 & 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. Avanti Destinations, 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. Oregon 3. 92-1372894
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 1/1/2023
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 111 SW Columbia St. 6. 111 SW Columbia St.
(Street Address of Principal Office) (Mailing Address)
Suite 1200 Suite 1200
Portland, OR 97201 Portland, OR 97201

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

Name: Unisearch, Inc
Office Address: 1990 Main St, Suite 750-709
Sarasota, Florida 34236
(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.

Deborah Brown
(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]:

Title or Capacity: Name and Address:
 Manager Name: Paul Barry
 Member Address: 2095 Rose Point Lane
 Authorized Kirkland, WA 98033
Person
 Other Other

Manager Name: _____
 Member Address: _____
 Authorized
Person
 Other Other

Manager Name: _____
 Member Address: _____
 Authorized
Person
 Other Other

Title or Capacity: Name and Address:
 Manager Name: Troy Busbee
 Member Address: 17986 St. Clair Dr
 Authorized Lake Oswego, OR 97034
Person
 Other Other

Manager Name: _____
 Member Address: _____
 Authorized
Person
 Other Other

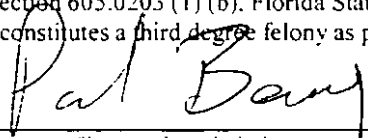
Manager Name: _____
 Member Address: _____
 Authorized
Person
 Other Other

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C.L.

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.



Signature of an authorized person

PAUL BARRY

Typed or printed name of signer

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 555474

I, SHEMA FAGAN, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

AVANTI DESTINATIONS, LLC

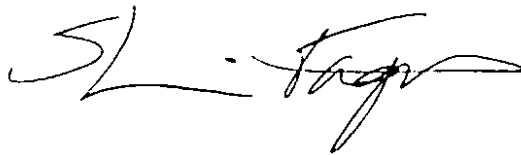
is

Organized

under the laws of The State of Oregon

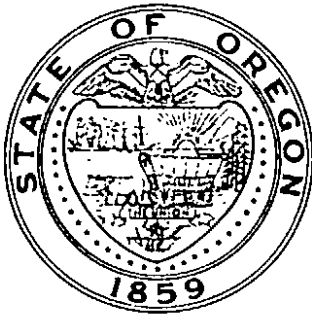
and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto
set my hand and affixed hereto the
Seal of the State of Oregon.



SHEMA FAGAN, SECRETARY OF STATE

Issued Date: 1/11/2023



Come visit us on the internet at: <https://sos.oregon.gov/business>
or use the QR code to check their current status.