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(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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COVER LETTER

TO:	Registration Section Division of Corporations					
	AVSL Manageme					
SUBJ	ECT:					
		Name of corporati	on - mu	ist include suffix		
Dear S	Sir or Madam:					
"Certi	nclosed "Application by I ficate of Existence," or "o referenced foreign corpo	Certificate of Good S	anding	" and check are sub		
	return all correspondenc M. Gorzeck	e concerning this mat	ter to tl	ne following:		
		Name o	of Perso	מוס		
Ward I	Damon, PL					
		Firm/Co	ımnany	 		
4420 I	Beacon Circle		, , , , , , , , , , , , , , , , , , ,			
			1			
West F	Palm Beach, FL 33401	ΛŒ	tress			
	1,1,,	City/State	and Zi	p code		
rgorze	ck@warddamon.com					
-	E-ma	iil address: (to be use	d for fu	ture annual report r	notification)	
For fu	rther information concerr	ing this matter, pleas	e call:			
Rana M. Gorzeck		561	8	842-3000		
	Name of Person	at (Area C		Daytime Telepl	huna Numbur	
	Nume of Ferson	Alea Ci	MC	Daytime Telepi	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	Tallahassee, FL 32301					
Enclos	sed is a check for the follo	owing amount:				
\$ \$70		8.75 Filing Fee & ertificate of Status		3.75 Filing Fee & tified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607,1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. AVSL Management Inc. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 83-2354449 (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of duration, if other than perpetual) (Date of incorporation) 8/21/2018 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 6950 Cypress Rd., Suite 300, Plantation, FL 33317 (Principal office address) (Current mailing address, it different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Ward Damon Business Services, LLC Name: 4420 Beacon Circle Office Address: West Palm Beach (City)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: Address: Aaron N. Singer Director: 6950 Cypress Rd., Suite 300, Plantation, FL 33317 Address: Vincent Lefton Director: 6950 Cypress Rd., Suite 300, Plantation, FL 33317 Address: B. OFFICERS Aaron N. Singer President: 6950 Cypress Rd., Suite 300, Plantation, FL 33317 Address: Vincent Lefton Vice President: 6950 Cypress Rd., Suite 300, Plantation, FL 33317 Address: Vincent Lefton Secretary: 6950 Cypress Rd., Suite 300, Plantation, FL 33317 Address: Vincent Lefton Treasurer: 6950 Cypress Rd., Suite 300, Plantation, FL 33317 Address: NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she 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. Aaron N. Singer, President

(Typed or printed name and capacity of person signing application



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

DELAWARE, DO HEREBY CERTIFY "AVSL MANAGEMENT INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVSL MANAGEMENT INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

TANS OF COLUMN STATE OF COLUMN

Authentication: 202024944

Date: 01-04-19