Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : KATZ BASKIES & WOLF PLLC

Account Number : I20080000071 Phone : (561)910-5700 Fax Number : (561)910-5701

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address

FLORIDA LIMITED LIABILITY CO. AVA CAPITAL HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

COVER LETTER

SUBJEC	1:	Na Na	me of Limited Li	iability Company	
		(***	inc or children El	aomity company	TALL TALL
The enclo	sed Articles o	f Organization and	i fee(s) are subm	itted for filing.	2023 APR 3 SECRETAR TALLAHA
Please ret	urn all corresp	ondence concerni	ng this matter to	the following:	
	JEFFREY A	A BASKIEŠ			PH 3: OF ST/ SEE, F
			Nam	ne of Person	# # F
	KATZ BAS	KIES & WOLF P	LLC		
	· · · · · · · · · · · · · · · · · · ·		Firn	r/Company	
	3020 NORT	H MILITARY TI	RAIL SUITE 100	0	
			A	Address	
	BOCA RAT	TON, FL 33431			
	 		City/Stat	e and Zip Code	·
		katzbaskies.com			
		E-mail address: (t	o be used for futt	ure annual report notification)
For further	information co	oncerning this mat	ter, please call:		
	Jeffrey A. B	eskies	561 at (910-5700	
	Nan	ne of Person	Area Cod	ie Daytime Telephone N	lumber

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

(additional copy is enclosed)

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certified Copy (additional copy is enclosed)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	vility Company is:			
AVA CAPITAL I	HOLDINGS LLC	_		
(Must c	ontain the words "Limited	Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	t address of the principal o	ffice of the Limited	d Liability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Add	ress:
12778 NW 69TH PARKLAND, FL			78 NW 69TH COURT RKLAND, FL 33076	
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	iny cannot serve as its own	Registered Agent.	nt's Signature: You must designate an in	dividual or
The name and the Florida stre	et address of the registered	l agent are:		2023 APR 31 SECRETARY
	KATZ BASKIES &	WOLF PLLC		FA A
		Name		APR 31 VETARY
	3020 NORTH MILIT			<u> </u>
	Florida street address	s (P.O. Box <u>NOT</u> a	cceptable)	111
	BOCA RATON	FL	33431	3:44 STATE
	City	State	Zip	i i i i i i i i i i i i i i i i i i i

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered goent as provided for in Chapter 605, F.S..

(CONTINUED)

gratefed Agent's Signature (REQUIRED)

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in accordance with section 605.0203 (1) (b), Florida Statutes.
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