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To:

Division of Corporations

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From: GAIL S ANDRE

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.

Account Number : 072720000036

Phone : (407)843-4600

PLEASE ARRANGE FOR FILING AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU.

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Email	Address					

### Foreign Limited Liability Company AVALON ISLAND, L.L.C.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

B. KOHR

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**EXAMINER** 

#### CONSENT TO USE OF CORPORATE NAME

I, Ford W. Kiene, President of Avalon Island, Inc., a corporation organized under the laws of the State of Florida under document number P97000085668 (the "Corporation"), hereby consent to the use of the corporate name, AVALON ISLAND, L.L.C., a Washington limited liability company (the "Company") for the purpose of qualifying the Company in the State of Florida.

Dated: August 28, 2012

AVALON ISLAND, INC., a Florida corporation

y: ` <u></u>

Ford W. Kiene, President

	APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
	I COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIG MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
١.	AVALON ISLAND, L.L.C.
••	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
ÇO	'name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writtensent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability impany," "L.L.C," "LLC.")
2.	WASHINGTON 3, 91-1699885
,	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	SEPTEMBER 19, 1995 5. PERPETUAL
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6	UPON FILING OF THIS APPLICATION
٠.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	Principal Address: 10928 Florida Crown Drive, Orlando, Florida 32824
	Mailing Address: P.O. Box 621808, Orlando, Florida 32862-1808
	(Street Address of Principal Office)
8.	If limited liability company is a manager-managed company, check here
9.	The name and usual business addresses of the managing members or managers are as follows:
	FORD W. KIENE - 10928 Florida Crown Drive, Orlando, Florida 32824
	RALPH ROZZI - 21441 76th Avenue S, Kent, Washington 98035
the tran	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)  Nature of business or purposes to be conducted or promoted in Florida: To own and lease real property.
	- Scene
	cene
	Signature of a member or an authorized representative of a member.

penalties of perjury that the facts stated herein are true. 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.)

Typed or printed name of signee

FORD W. KIENE, MANAGER

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	of the Limited Liability	Company is:		
AVALO	NISLAND, L.L.C.			
If unavailabl	e, the alternate to be used	in the state of Florida is:		
2. The name	and the Florida street ad	dress of the registered agent and office ar	re:	
	FORD W. KIENE			
		(Name)		
	10928 Florida Crown Drive Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Orlando	FL 32824 · City/State/Zip	<del></del>	
liability comp agent and agr relating to the	pany at the place designate ree to act in this capacity. e proper and complete per f my position as registered	at and to accept service of process for the accept in this certificate, I hereby accept the ap I further agree to comply with the provision of the formance of my duties, and I am familiar is agent as provided for in Chapter 608. Flow (Signature)	ppointment as registered ons of all statutes with and accept the	

\$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)

# The State of



## Washington

Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

## CERTIFICATE OF EXISTENCE/AUTHORIZATION OF

AVALON ISLAND, L.L.C.

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 9/19/1995.

I FURTHER CERTIFY that as of the date of this certificate, AVALON ISLAND, L.L.C. remains active and has complied with the filing requirements of this office.

Date: August 27, 2012

UBI: 601-658-344

STATE ON WASHINGTON 1889 NOT 1889

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State