

| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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2014 FEB -3 AM II: 0

FEB 04 2014

o. BRUCE



ACCOUNT NO. : 12000000195

REFERENCE : 988050 7348506

AUTHORIZATION :

COST LIMIT :

ORDER DATE: January 31, 2014

ORDER TIME : 9:09 AM

ORDER NO. : 988050-005

CUSTOMER NO: 7348506

FOREIGN FILINGS

NAME: AVANATH WATER VIEW, 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: CARINA DUNLAP EXT 52951

EXAMINER:

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | |
|-----------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------|-------------|
| SUBJE | ு: Avanath Water View, | LLC | | | | |
| | | Name of Lim | ited Liability Com | рапу | | |
| | | | | ation to Transact Business in Florida ted liability company to transact bu | | |
| Please re | eturn all correspondence con | cerning this matter to the | following: | | | |
| | Ron Juskiewicz | | | | _ <u></u> | |
| | | Na | me of Person | | | |
| | Avanath Capital N | Management | | | _ | |
| | | Fir | m/Company | | | |
| | 17901 Von Karma | an Avenue, Suite 150 | | | | |
| | | | Address | | _ | |
| | Irvine, California | 92614 | | | | |
| | , | City/Sta | ate and Zip Code | | - ∄, ~ a | |
| | rjuskiewicz@avan | | | . J | | CONT. TO SE |
| | - E- | mail address: (to be used | for future annual r | report notification) | | weren |
| For furth | er information concerning th | nis matter, please call: | | 5 5 7 | 湿 も | i i |
| | Ron Juskiewicz | | 949 at (| . 269-4700 ~ ⊤ | 10.1 | |
| | Name of I | Person | Area Code | Daytime Telephone Number | AM II: O | , |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | Division Registra Clifton 2661 Ex | T ADDRESS: n of Corporations ation Section Building decutive Center Cir ssee, FL 32301 | rcle | | |
| | ed is a check for the foll □ \$125.00 Filing Fee | owing amount: 1\$130,00 Filing Fee & | □ \$155.00 Filin | · | | |

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:

| Avanath Water View, 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 and attach consent of the managers or managing members adopting the alternate name. The alternate name must include "I Company," "L.L.C," "LLC.") | |
| 2. Delaware 3. | |
| (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) | |
| | |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty linbility) | |
| 17901 Von Karman Avenue, Suite 150 | ····· |
| Irvine, California 92614 | |
| (Street Address of Principal Office) | |
| . 17901 Von Karman Avenue, Suite 150 | |
| Irvine, Callfornia 92614 | |
| (Mailing Address) | 201 |
| 7. The name, title or capacity and address of the person(s) who has/have authority to manag | e iskarc: |
| Ron Juskiewicz, Chief Finanical Officer | TOTAL TOTAL |
| 17901 Von Karman Avenue, Suite 150 | ジスト ご 愛 声 |
| rvine, California 92614 | S |
| | 西浦 으 |
| Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fort anslation of the certificate under outh of the translator must be submitted.) | ; custôdy of records eign language, a |
| John Mylusian | |
| Signature of an authorized person (In accordance with section 605 0.03, F.S., the execution of this document constitutes an affirmation und penalties of perjury that the facts stated herein art true 1 am aware that any false information submit document to the Department of State constitutes a third degree felony as provided for in s.817. Ron Juskiewicz | ned in a |
| Typed or printed name of signee | |
| | |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 th | e Limited Liability Compan | ny is: | |
|---------------------|-----------------------------------------|-------------------------------------|------------|
| Avanath Water View | w, LLC | | |
| If unavailable, the | alternate to be used in the s | state of Florida is: | |
| | | | |
| 2. The name and t | the Florida street address of | the registered agent and office are | <i>;</i> ; |
| C | orporation Service Company | | A: 2014 |
| ***** | *************************************** | (Name) | |
| 1: | 201 Hays Street | | |
| <u></u> | Florida Street Addre | ess (P.O. Box NOT ACCEPTABLE) | OF STATE |
| Та | allahassee | FL 32301 | |
| | | City/State/Zip | |

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 agent as provided for in Chapter 605, Florida Statutes.

| Corporation Service Company By: Cauna A. Dullan | Carina L. Dunlap Asst. Vice President |
|--------------------------------------------------|------------------------------------------|
| (Signature) | |

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "AVANATH WATER VIEW, LLC" IS DULY

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

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF JANUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVANATH WATER VIEW, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

2014 FEB -3 AM ||: 01

5438417 8300

140121375

AUTHENTICATION: 1103821

DATE: 01-31-14

You may verify this certificate online at corp.delaware.gov/authver.shtml