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T. BROWN

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: AFG-AVENUES LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate 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:	
THOMAS R DEGOEY	
Name of Person	
AFG-AVENUES LLC	
Firm/Company	
1810 SATELLITE BLVD SUITE 300	
Address	
BUFORD, GA 30518	
City/State and Zip Code	
DEGOEYT@LA-Z-BOYGA.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ROBERT BREUNIG JR at ( 512 ) 294-3772	
Name of Contact Person Area Code Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount:  \$\Bigsiz\$ \$\\$125.00\$ Filing Fee \$\Bigsiz\$ \$\Bigsiz\$ \$\\$130.00\$ Filing Fee & Certificate of Status \$\Bigsiz\$ Certified Copy  \$\Bigsiz\$ \$\Big	

## 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:

iability Company," "L.L.C," or "LLC.")	modernig Odon	ess in Florida. 11	ie alternate dame	must include "	Limited
. GEORGIA (Jurisdiction under the law of which foreign limited liability company is organized)	3. <u>46-5165</u>	033 (FEI num	ber, if applicable	)	
. <u>NA</u>					
(Date first transacted business in (See sections 605.0904 & 605.0905,	Florida, if prior , F.S. to determ	to registration.) ine penalty liabili	(y) ====================================	·	
1810 SATELLITE BLVD SUITE 300			بر ب	近く <b>そ</b> 。	- 417 J
BUFORD, GA 30518		•	### ### ### ### ### ### #### #########	カーフ	
(Street Address	of Principal O	ffice)	[ [	門公里	
. 1810 SATELLITE BLVD SUITE 300	<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>	F 50 0	
BUFORD, GA 30518				20 G	
(Maili	ng Address)			<del></del>	
7. The name, title or capacity and address of the pers	on(s) who l	nas/have auth	ority to mana	ige is/are:	
ROBERT P. BREUNIG, MANAGER, 9215 WEST	TVIEW CR.	DALLAS, T	EXAS 75231		
. Attached is an original certificate of existence, no naving custody of records in the jurisdiction under the ceeptable. If the certificate is in a foreign language, a	law of whi	ch it is orgar	ized. (A phot	tocopy is no	ot

ROBERT P. BREUNIG, JR. ATTORNEY IN FACT

Typed or printed name of signee

Signature of an authorized person
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the 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.)

# 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 o	f the Limited Liability Company is:
AFG-AVENU	ES LLC
If unavailable,	the alternate to be used in the state of Florida is:
2. The name a	nd the Florida street address of the registered agent and office are:
	THOMAS R DEGOEY
	(Name)
	10452 PHILIPS HIGHWAY
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	JACKSONVILLE FL 32256
	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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER DATE INC/AUTH/FILED: March 11, 2014 JURISDICTION

: 14028239 : Georgia

PRINT DATE

: March 28, 2014

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### AFG-AVENUES LLC A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

B: 1.h-Brian P. Kemp Secretary of State

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