M15000000713

| (Re | questor's Name) | | |
|---|-------------------|-------------|--|
| | | | |
| (Ad | dress) | | |
| | | | |
| (Address) | | | |
| (7.6 | u1000) | | |
| | (2) | | |
| (Cit | y/State/Zip/Phon | e #) | |
| PICK-UP | WAIT | MAIL | |
| | | | |
| (Ru | siness Entity Nar | ne) | |
| (50 | Siness Chirty Har | 110) | |
| | | | |
| (Do | cument Number) | | |
| | | | |
| Certified Copies | _ Certificates | s of Status | |
| | | | |
| Special Instructions to | Eiling Officer: | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



300268698073

01/29/15--01001--024 **130.00

HOT INTENDED TO ACKNOWLEDGE SUFFICIENCY OF FILING NECELACIO DESARTISTE CONSCIONO NECELACIONE DE CONSCIONO DI CONTRA LA CONTRA

TIL ED

15 JAN 28 PH L: 5

SECRETARY OF STATE
ALL AHASSEE OF STATE

T. Burch JAN 2 9 ME



January 28, 2015

Secretary of State, Florida 2661 Executive Circle Center Tallahassee FL 32301

Re:

Order #: 9418798 SO

Customer Reference 1:

None Given

Customer Reference 2:

None Given

Dear Secretary of State, Florida:

Please obtain the following:

Avistone, LLC (AZ) Registration Florida

Avistone, LLC (AZ) Certificate of Status-Foreign Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist

COVER LETTER

| SOBJECT. | Avistone Gateway, LLC Name o | of Limited Liability Company | |
|-----------------------------|---|---|---|
| Existence, and | "Application by Foreign Limited Liabili I check are submitted to register the about all correspondence concerning this matter | ve referenced foreign limited l | to Transact Business in Florida," Certificate of iability company to transact business in Florida |
| i icuso rotuin u | Suzanne E. Skov, Esq. | it to the following. | |
| | | Name of Person | |
| | Skov Law Corp. | | |
| | | Firm/Company | |
| | 7700 Irvine Center Drive, Suite 800 | | |
| | | Address | |
| | Irvine, CA 92612 | | |
| | | City/State and Zip Code | |
| | suzanne@skovlawcorp.com | | |
| | E-mail address: (to | be used for future annual report | notification) |
| For further info | ormation concerning this matter, please | call: | |
| Suzan | nne E. Skov | at (949) 54 | 47-2638 |
| | Name of Contact Person | Area Code | Daytime Telephone Number |
| Divisio Regist P.O. B | on of Corporations Itration Section Box 6327 Bassee, FL 32314 | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301 | |
| | a check for the following amount: 25.00 Filing Fee \$130.00 Filing F Certificate of Sta | ee & 🔲 \$155.00 Filing Fee | e & \$160.00 Filing Fee, Certificate of Status & Certified Copy |

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:

| 1. Avistone Gateway, 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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") | d |
| 2. California 3. FEIN - 61-1751998 | |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) | |
| 4. <u>N/A</u> | |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) | |
| 5. 28202 Cabot Rod., Suite 105 | |
| Laguna Niguel, CA 92677 | |
| (Street Address of Principal Office) | و بجت |
| Same as above. | нэл а |
| Same as above. | - Table |
| (Mailing Address) | £ 8 |
| 7. The name, title or capacity and address of the person(s) who has/have authority to manage is the person (s) who have a the person (s) who have a the person | |
| Richard M. Kent, Managing Principal 28202 Cabot Road, Suite 105, Laguna Niguel, CA | |
| Daniel P. Culler, Managing Principal 28202 Cabot Road, Suite 105 Laguna Niguel, CA | |
| | |
| B. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official naving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translation under the submitted) Signature of an authorized person | |
| n 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 may a make that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$ 817.155, F.S.) | true. 1 |
| Richard M. Kent | |
| 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 the Lin | ted Liability Company is: | | |
|---|---|--|--|
| Avistone Gateway, LLC | | | |
| If unavailable, the altern | te to be used in the state of Florida is: | | |
| 2. The name and the Fl | rida street address of the registered agent and office are: | | |
| C T Cor | oration System ± 1 | | |
| de-rade control franchistra (Franchistra) | (Name) XSSEE R | | |
| 1200 So | h Pine Island Road | | |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) | | |
| Plantatio | | | |
| | 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.

| By: C T Corporation System Connic Bo | Lonnie Bryon |
|--------------------------------------|----------------------|
| (Signature) | ilssistant Secretary |

\$ 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 California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: AVISTONE GATEWAY, LLC

FILE NUMBER:

201434710167

FORMATION DATE:

12/12/2014

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.







IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 27, 2015.

> **ALEX PADILLA** Secretary of State