(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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MAR 2 9 2016 Y SULKER



2816 MAR 28 PM 2:43 FLORIDA DEPARTMENT OF ST Division of Corporations

February 29, 2016

JAMES FRATANGEO 2100 PONCE DE LEON BLVD SUITE 720 CORAL GABLES, FL 33134

SUBJECT: AVAIL HOLDING LLC Ref. Number: W16000014781

We have received your document for AVAIL HOLDING LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 916A00004128

COVER LETTER

TO:

Registration Section

>

Div	ision of Corporation	ıs				
SUBJECT:	Avail Holding LLC					
		Name of	Limited Liability	Company		
The enclosed Existence, an	l "Application by For id check are submitte	eign Limited Liability Comp d to register the above refer	oany for Authoriza enced foreign limi	ation to Tra ted liability	nsact Business in Florida," Certifica company to transact business in Flo	ite of orida
Please return	all correspondence of	oncerning this matter to the	following:			
	James Fratange	o				
		N	ame of Person	•		
	Avail Holding l	LLC				
		Fi	rnı/Company			
	2100 Ponce De	Leon Blvd, Suite 720		٠		
			Address			
	Coral Gables, F	L 33134				
		City/S	tate and Zip Code			
	mhernandez@ava	ailholding.com				
		E-mail address: (to be used	for future annual	report not	ification)	
For further in	formation concerning	g this matter, please call:				
Jam	es Fratangelo		305	456-916	- '	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Divi Reg P.O.	ILING ADDRESS: sion of Corporations istration Section Box 6327 ahassee, FL 32314			Division of Registrati Clifton Board 2661 Exe	CADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	check for the following 125.00 Filing Fee	ng amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ıg Fee &	☐ \$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:

(If name unavailable, enter a Liability Company," "L.L.C.	Iternate name adopted for the pur "CLC.")	pose of transacting busing	ness in Florida. The alternate r	name must include "Limited
2. Delaware		3 46-450442		
(Jurisdiction under the law company is organized)	of which foreign limited liability	J	(FEI number, if applicab	ole)
4. <u>2/6/2014</u>				
···	(Date first transacted bus (See sections 605.0904 & 6	siness in Florida, if prior	r to registration.)	
5. 2100 Ponce De Leon I		505.0905, r.s. to determ	me penany naomity)	
Coral Gables, FL 3313	4			
· · · · · · · · · · · · · · · · · · ·		of Principal Office)		
6. 2100 Ponce De Leon B	lvd, Suite 720			<u></u>
Coral Gables, FL 3313	4			2:5
	(Maili	ng Address)		6
7. Name and street addres	s of Florida registered agent:	(P.O. Box NOT acce	eptable)	
Name:	James Fratangelo		<u> </u>	R 28
	2100 Ponce De Leon Blvd, S	Suite 720		
Office Address:	2100 Tonec Be Econ Biva,			-1.
Office Address:	Coral Gables		 . Florida ³³¹³⁴	# # F
Registered agent's accep	Coral Gables (City)		, Florida 33134 (Zip code)	4:37
Registered agent's accep Having been named as re designated in this applica to complywith the provision accept the obligations of t	Coral Gables (City) tance: gistered agent and to accept s tion, I hereby accept the appoints of all statutes relative to to my position as registered agen (Reg	service of process for pintment as registered the proper and comple nt.	(Zip code) the above stated limited lia l agent and agree to act in ete performance of my dut	ability company at the place this capacity. I further agree
Registered agent's accept Having been named as redesignated in this applicate complywith the provision accept the obligations of the same, title or capa	Coral Gables (City) tance: gistered agent and to accept s tion, I hereby accept the appoints of all statutes relative to to my position as registered agent (Registery and address of the person	service of process for pintment as registered for an accomple of the proper and complete. gistered agent's signature of the proper and complete.	(Zip code) the above stated limited lia l agent and agree to act in ete performance of my duti ee) nority to manage is/are:	ability company at the place this capacity. I further agree
Registered agent's accept Having been named as redesignated in this applicate complywith the provision accept the obligations of the same, title or capa	Coral Gables (City) tance: gistered agent and to accept s tion, I hereby accept the appoints of all statutes relative to to my position as registered agen (Reg	service of process for pintment as registered for an accomple of the proper and complete. gistered agent's signature of the proper and complete.	(Zip code) the above stated limited lia l agent and agree to act in ete performance of my duti ee) nority to manage is/are:	ability company at the place this capacity. I further agree
Registered agent's accept Having been named as redesignated in this applicate complywith the provision accept the obligations of the same, title or capa	Coral Gables (City) tance: gistered agent and to accept s tion, I hereby accept the appoints of all statutes relative to to my position as registered agent (Registery and address of the person	service of process for pintment as registered for an accomple of the proper and complete. gistered agent's signature of the proper and complete.	(Zip code) the above stated limited lia l agent and agree to act in ete performance of my duti ee) nority to manage is/are:	ability company at the place this capacity. I further agree
Registered agent's accept Having been named as redesignated in this applicate complywith the provisionaccept the obligations of the same o	Coral Gables (City) tance: gistered agent and to accept s tion, I hereby accept the appoints of all statutes relative to to my position as registered agent (Registery and address of the person	service of process for pintment as registered for an accomple of the proper and complete. gistered agent's signature of the proper and complete.	(Zip code) the above stated limited lia l agent and agree to act in ete performance of my duti ee) nority to manage is/are:	ability company at the place this capacity. I further agree

Typed or printed name of signee

James Fratangelo

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AVAIL HOLDING 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 SEVENTEENTH DAY OF MARCH, A.D. 2016.



Authentication: 201998154

Date: 03-17-16