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COVER LETTER

TO:	Registration Section Division of Corporation	ıs			
SUBJE	CT.	Ave	Limited Liability	H, L	CC.
SOBJE	C1.	Name of	Limited Liability	Company	_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
The enc Existence	losed "Application by Force, and check are submitted	eign Limited Liability Comp d to register the above refer	oany for Authoriza enced foreign limi	ation to Tra ted liabilit	ansact Business in Florida," Certificate of y company to transact business in Florida.
Please re	eturn all correspondence c	oncerning this matter to the	following:		
		Ju	ic Fac	le/	
		N	ame of Person		
		A	My Sc	oH,	L C C
	- , ,	j:j	rm/Company	····	
		1525 Nel	son Mil	Ver 1	PKWY #025
	 		Address		
		ovisville p	ky 40	122	PKWY #025
		City/S	tate and Zip Code		
		averys	sco#a) ave	yatms.com
		E-mail address: (to be used	I for future annual	l report not	itication)
For furth	ner information concerning	this matter, please call:			
	Name of	Contact Person	_at (_)	Uma Telephone Nurshar
		Contact Coon	Area Coac		
	MAILING ADDRESS: Division of Corporations				ADDRESS: of Corporations
	Registration Section			Registrati	ion Section
	P.O. Box 6327 Tallahassee, FL 32314				uilding coutive Center Circle see. FL 32301
Enclosed	is a check for the followi	ng amount:			
- 1		☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
Avery Scott 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 "L.L.C.") Common Wearty of
(Jurisdiction under the law of which foreign limited liability (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 liability)
5. 2525 /elson Miller PRuy T205
(Street Address of Principal Office)
The state of the s
6. Some
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: CT Corporation System. Office Address: 1200 South Pine Island Rd CO Plontation, Florida 33324
Office Address: 1200 South Pine Island Rd
Rightation 33324 N
(City) (Zip code)
Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and
accept the obligations of my position as recovered agent. Sean McDermott Vice President—
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Ron Fadel, Owner 2525 Notson Miller Pkey Cas Py
Ron Fadel, owner 2525 Arlson miller 14, 4022
1 Attached is a partificate of existence no more than 90 days ald duly authenticated by the official having quarady of records in the
40223
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
Jultul.
Signature of an authorized person
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Tule A. Falle
Typed or printed name of signee

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 177145

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

AVERY SCOTT, L.L.C.

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is November 27, 1995 and whose period of duration is December 31, 2046.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 6th day of June, 2016, in the 225th year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

177145/0408354