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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: daniela @ finvarb. com

Foreign Limited Liability Company ABBOTT AVENUE PARTNERS, LLC

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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:

, ABBOTT AVENUE P	PARTNERS, LLC	
I ·	reign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter al Liability Company," "L.L.C.	elternate name adopted for the purpose of transacting business in Florida. The alternate name must include	"Limited
2. DELAWARE	1.	
(Jurisdiction under the law company is organized)	v of which foreign limited liability (FEI number, if applicable)	
4. The date of filing this a		
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 1065 Kane Concourse,	s, Suite 201	
Bay Harbor Islands, FL	·	
6. 1065 Kane Concourse,	(Street Address of Principal Office) , Suite 201	
Bay Harbor Islands, FL		
	(Mailing Address)	
7. Name and street address	ss of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	
Name:	Corporation Service Company	
Office Address:	1201 Hays Street	
	Tallahassee , Florida 32301 S (City) (Zip code)	6
Registered agent's accept	(City) (Zip code)	
Having been named as reg designated in this applicat to complywith the provisio	egistered agent and to accept service of process for the above stated limited liability compuly. Ition, I hereby accept the appointment as registered agent and agree to act in this capacity. It is a statuted by the proper and complete performance of my duties, and I am family position as registered agent. Carina L. Dunlap.	juriner agree gnillar vidh an
	(Registered agent's signature) Asst. Vice Prosident?	
8. The name, title or caps	acity and address of the person(s) who has/have authority to manage is/are:	= =
-	orized Representative	
1065 Kane Concourse, Su	nite 201	
Bay Harbor Islands, FL 3	33154	
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 days old, duly authenticated by the official having custody of reconfunction of the certificate is in a foreign language, a translation of the certificat ubmitted)	cords in the e under oath
	Signators of on stuthorized person	
This document is executed	d in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any fulse information	ation
submitted in a document to	the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	
	Regent RNVAN C Typed or printed came of algace	
	types of printes same of signee	

Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ABBOTT AVENUE PARTNERS, 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 TWENTY-SIXTH DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ABBOTT AVENUE PARTNERS, LLC" WAS FORMED ON THE FIRST DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



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Date: 08-26-16