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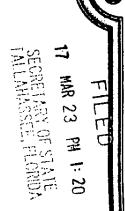
Division of Corporations		
SUBJECT: AVH2 PROPERTIES, LLC		
Name of Limited Liability Company		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certific Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.		
Please return all correspondence concerning this matter to the following:		
JAMES R. FRAHEW Name of Person		
Name of Fetson		
Firm/Company	·	
15932 OLD MILL FOND ROAD Address	1993年7	
Address	第25	
DADE CITY, FL 33523 City/State and Zip Code	题 20	
DADE CITY, FL 33523 City/State and Zip Code inhtwof@49hov, com E-mail address: (to be used for future annual report notification)	D 1: 20 GF STATE GF ELOND	
For further information concerning this matter, please call:	₽ *	
Tours 0 Francis 252 4/7 1207		
Name of Contact Person at (352) 467-1307 Area Code Daytime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section Street Address: Division of Corporations Registration Section		
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	Clifton Building 2661 Executive Center Circle	
Enclosed is a check for the following amount: S125.00 Filing Fee Certificate of Status Certified Copy S155.00 Filing Fee & S160.00 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. AVHZ PROPERTIES, 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.")
2. NEVADA (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)
4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5 15937 OLA MUL DOLA POLA
DADE CITY, FL 33523 (Street Address of Principal Office)
6 15932 OLD MILL POIN POIN
DADE CITY, FL 33523 (Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: BUSINESS FILINGS INCLAPORATED
Office Address: 1200 SOUTH PIACE ISLAMS ROAD
PLANTATION , Florida 33324 (City) (Zip code)
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation 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 comply with 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 registered agent.
M. WWI MANY WILLIAMS AN BOINES Filings Incorporated (Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Same S. R. FRAGEN, MANAGEL, 159.32 OLD MILLPON ROAD, DADE CITY, FL 3.5523
DAVID C. GERHART, MANAGER, 15932 OLD MILL POLD ROAD, DADECTY, FL 33523
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) 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.
Typed or printed name of signee

SECRETARY OF STATE





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **AVH2 PROPERTIES, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 28, 2017, and is in good standing in this state.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 16, 2017.

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20170316-2224
You may verify this electronic certificate
online at http://www.nvsos.gov/