Division of Corporations

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(((H170002757393)))



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----To: Division of Corporations Fax Number : (850) 617-6383 From: Account Name : GREENSPOON MARDER, P.A. Account Number : 076064003722 Phone : (889)491-1120 Fax Number : (954)343-6962 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

imiller@drhinvestments.com

Emmil Addrous:

## Foreign Limited Liability Company

The Avenue GP L&C

Certificate of Status	1
Certified Copy	j
Page Count	02
Estimated Charge	\$160.00

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS

H17000275739

## IN FLORIDA IN COMPLIANCE WITH SECTION BOSOND, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BLESNESS IN THE STATE OF FLORIDA: The Avenue GP LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC." or "LLC.") (If resore unavailable, enter alternate name adopted for the purpose of transacting business in Florids. The atternate name must include "Limned Liability Company," "L.L.C," or "LLC.") , Delaware , 82-2927325 christiens under the law of which foreign limited liability (SEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0994 & 605.0905, F.S. to determine penalty liability) , 11911 US Highway 1, Suite 204 North Palm Beach, FL 33408 (Street Address of Principal Office) 6 11911 US Highway 1, Sulte 204 North Palm Beach, FL. 33408 (Malling Address) 7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) James G. Miller Name ŧ 4890 W Kennedy Blvd., #240 Office Address: Tampa Florida (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited Habilly company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this aspacity. I further agree to complywith the provisions of all statutes relative to the groper and complete performance of my duties, and I am familiar with and

Apristered agent's signeture)

accept the obligations of my position as registered ages

8. The name, title or espacity and address of the derivor(s) who has/have authority to manage is/are;

Joseph G. Lubeck, Manager of Amadican Landmark II.I.C. the sola member of EMIF Management, LLC, the

sole member of AA JV GP LLC, the general partner of AA JV LP, the sole member of

The Avenue GP LLC; 11911 US Highway 1, # 204, N. Palm Beach, FL 33408

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 onth of the translator must be submitted)

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (6), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree follows as provided for in x.817.155, F.S.

Joseph G. Lubeck, Manager

Typed or printed asme of signes

## Delaware The First State

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "THE AVENUE GP 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-SEVENTH DAY OF SEPTEMBER, A.D. 2017.

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

٠.

6556700 8300 SR# 20176354496

You may verify this certificate unline at corp delaware gov/authvershimi

Authentication: 203298534

Date: 09-27-17

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