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**DATE: 2/15/18**

**NAME: ART AVENUE OWNER LLC**

**TYPE OF FILING: APPLICATION**

**COST: 125.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

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*\* File 2nd \**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2018

FLORIDA FILING & SEARCH SERVICES

SUBJECT: ART AVENUE OWNER LLC  
Ref. Number: W18000015549

We have received your document for ART AVENUE OWNER LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Consent letter must indicate that the business was voluntarily dissolved and have no intention of REVOKING the dissolution.,

Please return your document, along with 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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 918A00003310

Please keep original file  
date.  
Thanks!

2018 FEB 16 AM 4:17  
TALLAHASSEE, FLORIDA

### CONSENT TO USE OF NAME

Art Avenue Owner LLC, a Florida limited liability company does hereby consent to the use of the name Art Avenue Owner LLC, a limited liability company organized under the State of Delaware and to be registered as a foreign limited liability company in the State of Florida, pursuant to the attached application. Art Avenue Owner LLC, a Florida limited liability company was voluntarily dissolved and said dissolution will not be revoked.

Date: February 9, 2018

Art Avenue Owner LLC

By: 

Giselle Crano, Authorized Person

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. Art Avenue Owner 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. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. \_\_\_\_\_  
(FEI number, if applicable)
4. February 9, 2018  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 120 Wells Avenue  
(Street Address of Principal Office)  
Newton, MA 02459
6. 120 Wells Avenue  
(Mailing Address)  
Newton, MA 02459

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 1200 South Pines Island 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 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 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.

Tina Lipko TINA LIPKO, VP  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Authorized Member</u>	<u>RPA Art Avenue LLC</u> <u>120 Wells Avenue</u> <u>Newton, MA 02459</u>	_____	_____
<u>Authorized Person</u>	<u>Kristi King</u> <u>120 Wells Avenue</u> <u>Newton, MA 02459</u>	_____	_____

(Use attachments if necessary)

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)

10. 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.

Giselle Ciano  
Signature of an authorized person  
Giselle Ciano, Authorized Person  
Typed or printed name of signer

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ART AVENUE OWNER 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 EIGHTH DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ART AVENUE OWNER LLC" WAS FORMED ON THE SEVENTH DAY OF FEBRUARY, A.D. 2018.

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



6747470 8300

SR# 20180849597

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202118290

Date: 02-08-18