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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO.	:	12000000195			
	REFERENCE	:	411706 430404			
	AUTHORIZATION	:	Smillered	ا	,	
	COST LIMIT	:	\$ 125.00			
			-	· 		· - -
ORDER DATE :	September 25, 20	18				
ORDER TIME :	9:23 AM				提 OCT	-71
ORDER NO. :	411706-010					F
CUSTOMER NO:	4304045				17 A	177
			.	. – – – –		·
	FOREIGN F	ILII	<u>NGS</u>	1 2 2	4: 4:1	

NAME: AVPM FL PC 1 LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

COVER LETTER

TO:		ation Section i of Corporation	s				
SUBJE		PM FL PC 1 LLC					_
			Name of	Limited Liability (Company		
			eign Limited Liability Comp I to register the above refere				
Please r	eturn all	correspondence co	oncerning this matter to the	following:			
		Rebecca Saferst	ein, Senior Paralegal				
			N	ame of Person			-
		Arnall Golden (Gregory LLP				
			Fi	irm/Company			•
		171 17th Street,	NW, Suite 2100			Ţ,	با ابا ه نا سبید
				Address			
		Atlanta, GA 303	863				-
			City/S	tate and Zip Code			> 0
	,	404-870-5604					- -
	_		E-mail address: (to be used	d for future annual	report not	ification)	- HI
For furt	her infor	nation concerning	this matter, please call:			,	
	Joseph	Shikorksy		706 at (507-72	97	
		Name of	Contact Person	Area Code	Day	time Telephone Number	-
	Divisior Registra P.O. Bo	NG ADDRESS: n of Corporations tion Section x 6327 (see, FL 32314	·		Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
lose		ck for the followi .00 Filing Fee	ng amount: \$\Bigsire{\Pi}\$\$ \$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee. Co	

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ame adopted for the purpose of transacting business i	in Florida. The alternate name must include "Limited	Liability Company," "L.J. C," or "LLC,")
2. Delaware	high foreign limited liability commany is organized)	3	number, if applicable)
(Managedoll much the title of w	men roteign minice naturity company is the gameety	(1.63)	шины, и принстою
4. Upon qualification			
	(Date first transacted business in Florida, if pri (See sections 605,0904 & 605,0905, F.S. to do	nor to registration.) etermine penalty liability)	
5. 203 S. St. Mary's St., S	Ste. 160	6. 203 S. St. Mary's St., St	e. 160
San Antonio, TX 7820	5	San Antonio, TX 78205	
7. Name and street address	ss of Florida registered agent: (P.O.	Box NOT acceptable)	~:3
Name:	Corporation Service Company		- 150
Office Address:	1201 Hays Street		- II - 1
	Tallahassee	Florida 32301	
to comply with the provisi	ions of all statutes relative to the pro	oper and complete performance of n	ny duties, and I am familiar with
to comply with the provisi and accept the obligation	ions of all statutes relative to the prosition as registered agent. Corporation Service Company By: (Registered ag	oper and complete performance of n	Roxanne Turner Asst. Vice President
to comply with the provisi and accept the obligation	ions of all statutes relative to the prossing as registered agent. Corporation Service Company By:	oper and complete performance of n	ny duties, and I am familiar with Roxanne Turner Asst. Vice President
to comply with the provision accept the obligation. The name, title or capa	ions of all statutes relative to the pross of my position as registered agent. Corporation Service Company By: (Registered agent) (Registered agent)	oper and complete performance of new signature) oo has/have authority to manage is/are	ny duties, and I am familiar with Roxanne Turner Asst. Vice President
to comply with the provision accept the obligation. The name, title or capa Title or Capacity:	corporation as registered agent. Corporation Service Company By: (Requistered agent)	oper and complete performance of new signature) so has/have authority to manage is/are Title or Capacity:	ny duties, and I am familiar with Roxanne Turner Asst. Vice Presiden
to comply with the provision accept the obligation. The name, title or capa Title or Capacity:	ions of all statutes relative to the pross of my position as registered agent. Corporation Service Company By: (Regustered agent) (Regustered ag	oper and complete performance of new signature) so has/have authority to manage is/are Title or Capacity:	ny duties, and I am familiar with Roxanne Turner Asst. Vice Presiden
to comply with the provision and accept the obligation. The name, title or capa Title or Capacity:	corporation as registered agent. Corporation Service Company By: (Requistered agent)	oper and complete performance of new signature) so has/have authority to manage is/are Title or Capacity:	ny duties, and I am familiar with Roxanne Turner Asst. Vice President
to comply with the provision accept the obligation. The name, title or capa Title or Capacity:	corporation as registered agent. Corporation Service Company By: (Requistered agent)	oper and complete performance of new signature) so has/have authority to manage is/are Title or Capacity:	ny duties, and I am familiar with Roxanne Turner Asst. Vice Presiden
to comply with the provision accept the obligation. The name, title or capa Title or Capacity: MBR	corporation bervice company By: (Registered ag acity and address of the person(s) wh Name and Address: Dr. Brian Hurley 203 S. St. Mary's St., Ste., San Antonio, TX 78205	oper and complete performance of new signature) so has/have authority to manage is/are Title or Capacity:	ny duties, and I am familiar with Roxanne Turner Asst. Vice Presiden
to comply with the provision and accept the obligation. The name, title or capa Title or Capacity:	corporation bervice company By: (Registered ag acity and address of the person(s) wh Name and Address: Dr. Brian Hurley 203 S. St. Mary's St., Ste., San Antonio, TX 78205	oper and complete performance of new signature) so has/have authority to manage is/are Title or Capacity:	ny duties, and I am familiar with Roxanne Turner Asst. Vice Presiden
to comply with the provision accept the obligation. The name, title or capa Title or Capacity: MBR e attachments if neces tached is a certificate	corporation bervice company By: (Registered agent. Corporation bervice company By: (Registered agent. (Reg	oper and complete performance of numbers's signature) so has/have authority to manage is/are Title or Capacity:	Notation and I am familiar with Roxanne Turner Asst. Vice Presiden I having custody of records in the
to comply with the provisional accept the obligation. The name, title or capa Title or Capacity: MBR e attachments if neces tached is a certificate fiction under the law translator must be so is document is exec	corporation bervice company By: (Regustered agent. Corporation bervice company By: (Regustered agent. (on has/have authority to manage is/are Title or Capacity: Old, duly authenticated by the official ficate is in a foreign language, a trans O203 (1) (b), Florida Statutes, I am as a third degree felony as provided for	Name and Address: Name and Address: having custody of records in the slation of the certificate under oat ware that any false information
The name, title or caparattle or Capacity: MBR e attachments if neces tached is a certificate fiction under the law translator must be so is document is exec	corporation bervice company By: (Regustered agent. Corporation bervice company By: (Regustered agent. (on has/have authority to manage is/are Title or Capacity: Old, duly authenticated by the official ficate is in a foreign language, a trans	Roxanne Turner Asst. Vice President Roxanne Turner Asst. Vice President Roxanne Turner Asst. Vice President Roxanne Address: Name and Address: I having custody of records in the slation of the certificate under out over that any false information

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AVPM FL PC 1 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. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVPM FL PC 1 LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2018.

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

Authentication: 203503151

Date: 09-27-18