# 118000010975

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Dodiness Chitty (Value)                |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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18 DEC -5 PH 4: 30

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K SALY DEC - 0 2018 CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 495892 4304045

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: November 19, 2018

ORDER TIME : 12:40 PM

ORDER NO. : 495892-015

CUSTOMER NO: 4304045

#### FOREIGN FILINGS

NAME: AVPM FL 3 LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

#### COVER LETTER

.

| TO:               | Registration Division of   |                               | ıs  |  |  |  |
|-------------------|--|-------------------------------|---|--|--|--|
| SUBJI             |  | FL 3 LLC                      |   |  |  |  |
|                   |  |                               | Name of   | Limited Liability                        | Company  |  |
| The en<br>Exister | iclosed "Applic<br>nce, and check  | ation by For<br>are submitte  | eign Limited Liability Com<br>d to register the above refer | pany for Authoriza<br>enced foreign limi | ation to Tr<br>ited liabilit                   | ansact Business in Florida," Certificate of y company to transact business in Florida. |
| Please            | return all corre   | spondence c                   | oncerning this matter to the                                | following:                               |  |  |
|                   | Re   | becca Safers                  | tein, Senior Paralegal                                      |  |  |  |
|                   |  |                               | N   | ame of Person                            |  |  |
|                   | An   | nall Golden (                 | Gregory LLP   |  |  |  |
|                   |  |                               | F   | irm/Company                              |  |  |
|                   | 171  | 17th Street                   | NW, Suite 2100  |  |  |  |
|                   |  |                               |   | Address                                  |  | · · · · · · · · · · · · · · · · · · ·  |
|                   | Atl  | anta, GA 30                   | 363   |  |  |  |
|                   |  |                               | City/S  | State and Zip Code                       |  | <del></del>  |
|                   | 404-   | 870-5604                      |   |  |  |  |
|                   |  |                               | E-mail address: (to be use                                  | d for future annua                       | report no                                      | tification)  |
| For fur           | ther informatio  | n concerning                  | g this matter, please call:                                 |  |  |  |
|                   | Joseph Shik  | orksy                         |   | 706<br>at (                              | 507-72   | 97   |
|                   | <del> </del>   | Name o                        | f Contact Person  | Area Code                                | Day  | rtime Telephone Number   |
|                   | MAILING A<br>Division of C<br>Registration<br>P.O. Box 63:<br>Tallahassee, | Corporations<br>Section<br>27 |   |  | Division<br>Registrat<br>Clifton B<br>2661 Exe | of Corporations ion Section suilding ecutive Center Circle see, FL 32301               |
| Enclose           | ed is a check fo   |                               | ng amount:  ☐ \$130.00 Filing Fee &  Certificate of Status  | □ \$155.00 Filir<br>Certified Copy       | ng Fee &                                       | ☐ \$160.00 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 HABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

|  | name adopted   | for the purpose of transacting business in Florid  | la The altern   | ate name must include "Limited Li   | ability Company," "L. L. C," or "L.L.C.")   |
|--|--|--|---|---|---|
| Delaware   |  |  | 3.  |   |   |
| (Jurisdiction under the law of w   | hich foreign   | limited liability company is organized)  | ے   | (FEI num  | nber, if applicable)  |
| Upon qualification   |  |  |   |   |   |
| - Spon quantitudion  | (Date  | first transacted business in Florida, if prior to rejections 605,0904 & 605,0905, F.S. to determine  | estration.)   |   | <del></del>   |
| 202 C C M 2 C  |  | ections 603,0704 & 603,0903, F.S. to determine   | · .   |   |   |
| 203 S. St. Mary's St.,<br>(Street Address of   | Ste. 100<br>Principal Offi   | ce)  | 6. <u>20</u>  | 3 S. St. Mary's St., Ste.<br>(Mailing Ad  | dress)  |
| San Antonio, TX 7820   | ·•   | ,  | Sa  | n Antonio, TX 78205   | The second second   |
|  |  | <del></del>  |   |   | OFFC -5 PH  |
|  |  |  |   |   | 1   |
| Nome and street addre  | oo of Flo-   | iida mariatanad maanta (D.O. Day)  | NOT   |   | -0  |
| Name and <u>street addre</u>   |  | rida registered agent: (P.O. Box 1   | NOT acco  | eptable)  | <b>  「</b>  |
| Name:  | Corpor   | ration Service Company   |   | <del></del>   | PH 1: 5   |
| Office Address:  | 1201 H   | lays Street  |   |   |   |
| Office Address:  |  |  |   | <del></del>   | 77°   |
|  | Tallah   |  |   | , Florida <u>32301</u>  |   |
|  |  |  |   |   |   |
| iving been named as re<br>signated in this applica<br>comply with the provis   | egistered<br>ation, I ha<br>ions of a<br>is of my p<br>Corpor  | agent and to accept service of preereby accept the appointment as all statutes relative to the proper a position as registered agent.  | registered  | d agent and agree to ac-  | d liability company at the pla<br>t in this capacity. I further a<br>duties, and I am familiar wi<br>Roxanne Turner   |
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Typed or printed name of signee

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AVPM FL 3 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 TWENTIETH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVPM FL 3 LLC"

WAS FORMED ON THE NINETEENTH DAY OF NOVEMBER, A.D. 2018.

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

18 DEC -5 PH 1:52



Authentication: 203938174

Date: 11-20-18

7155204 8300 SR# 20187734251

You may verify this certificate online at corp.delaware.gov/authver.shtml