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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

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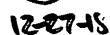
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Foreign Limited Liability Company AmCap AVILLC

Certificate of Status Certified Copy 1 03 Page Count \$155.00 Estimated Charge

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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

COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. AmCap AVILLO (Rame of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (if name into alleble, outer alternate name adopted for the purpose of transacting business in Florida. The atternate name must include "Limited Liability Company," "L.L.C." or "LLC.") (FEI number, if applicable) (Juradiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florids, if prior to registration.)
(See sections 605 0904 & 605 0505, F.S. to determine penalty liability) 6. 333 Ludlow Street 333 Ludlow Street (Street Address of Principal Office) (Mailing Address) 8th Floor, South Tower 8th Floor, South Tower Stamford, CT 06902 Stamford, CT 06902 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: , Florida 33324 Plantation 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. C T Corporation System Tammy Tofteroo

Tammy Toftanoo Vice President
(Registorec againt's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Title or Capacity: Name and Address: Member/Manager AmCap Incorporated 333 Ludlow Spect, 8th Fl Sumford, CT 06902 (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.



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

DELAWARE, DO HEREBY CERTIFY "AMCAP AVI 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-FIRST DAY OF DECEMBER, A.D. 2018.

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

TALL MASSEE, FLORIDA

7159538 8300

SR# 20188329006

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

Authentication: 204164399

Date: 12-21-18