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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

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Foreign Limited Liability Company  
29SC GP AVILLA LLC

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Certificate of Status	0
Certified Copy	1
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OWNER LP\*\*\*

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0202, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

## 1. 29SC GP Avilla LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name, must include "Limited Liability Company," "LLC," or "L.L.C.")

## 2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

## 3.

(FBI number, if applicable)

## 4.

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0204 & 605.0205, F.S. to determine penalty liability.)

## 5. 343 W. Erie St, Suite 300

(Street Address of Principal Office)

Chicago, IL 60654

## 6. 343 W. Erie St, Suite 300

(Mailing Address)

Chicago, IL 60654

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

Tallahassee

(City)

Florida 32301

(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.

Peggy Calder, Assistant Secretary on  
behalf of Capitol Corporate Services, Inc.

*Peggy Calder*  
(Registered agent's signature)

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Managing Member 29SC Woodlako, LP

343 W. Erie St, Suite 300

Chicago, IL 60654

(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.817.153, F.S.

Signature of an authorized person

Stan Beraznik

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "29SC GP AVILLA 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 THIRTIETH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "29SC GP AVILLA LLC" WAS FORMED ON THE THIRTIETH DAY OF JANUARY, A.D. 2019.

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



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SR# 20190604732

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

Authentication: 202172271

Date: 01-30-19

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