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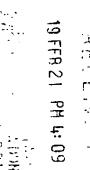


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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 570642 4304045

AUTHORIZATION : C

COST LIMIT : \$ 125.00

ORDER DATE: January 7, 2019

ORDER TIME : 2:32 PM

ORDER NO. : 570642-020

CUSTOMER NO: 4304045

FOREIGN FILINGS

NAME: AVPM FL PC 5 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

то;	Registration Section Division of Corporations					
SUBJE	AVPM FL PC 5 ELC					
		Name of Lir	nited Liability C	Company		
	closed "Application by Foreign Limited I nce, and check are submitted to register th					
Please	return all correspondence concerning this	matter to the fo	llowing:			
	Rebecca Saferstein, Senior Pa	ıralegal				
		Nam	e of Person			
	Amall Golden Gregory LLP					
		Firm	/Company			
	171 17th Street, NW, Suite 21	100				
			Address			
	Atlanta, GA 30363					
		City/Stat	e and Zip Code	ч		
	kbessin@torkinmanes.com					
	E-mail addre	ess: (to be used for	or future annual	report not	ification)	
For fur	ther information concerning this matter, p	olease call:				
	Rebecca Saferstein		404 at (870-560	04	
	Name of Contact Pers		Area Code	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclose	ed is a check for the following amount: S125.00 Filing Fee S130.00 F Certificate o	_	□ \$155.00 Filing Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certific of Status & Certified Copy	ate

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

IN COMPLIANCE WITH SECTION 605.0002. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF ELORIDA:

(Hante of Foreign	Limited Liability Company, must include "Limite	d Liability Company," "L.L.C.," or "LI.	.C.")
f name unavailable, enter alternate n	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limite	d Liability Company," "L.L.C." or "LLC.")
Delaware		3.	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI	number, if applicable)
Upon qualification			
,	(Date first transacted business in Florida, if pitor to (See sections 605,0904 & 605,0905, F.S. to determine	registration.) ne penalty liability)	
8620 N. New Braunfe		6 8620 N. New Braunfels	s Avenue, Suite 501
(Street Address of	Principal Office)	(Mailing	(Address)
San Antonio, TX 7821	7	San Antonio, TX 78217	7
Name and street address	ss of Florida registered agent: (P.O. Box	NOT accentable)	IA 28
. Name and street address		NOT acceptance	
Name:	Corporation Service Company		<u> </u>
Office Address:	1201 Hays Street		B 21
	Tallahassee	, Florida 32301	ni-
	(City)		p code)
	ions of all statutes relative to the proper s of my position as registered agent. Corpolation Service Company	and complete performance of t	Roxanne Turner
nd accept the obligation.	s of my position as registered agent.	and complete performance of i	my duties, and I am familiar with Roxanne Turner A <u>sst. Vic</u> e President
nd accept the obligation.	corpolation as registered agent. Corpolation Service Company By: (Registered agent's	and complete performance of i	my duties, and I am familiar with Roxanne Turner A <u>sst. Vic</u> e President
nd accept the obligation. 3. The name, title or capa	cof my position as registered agent. Corpolation Service Company (Registered agent's acity and address of the person(s) who ha Name and Address: Dr. Brian Hurley	and complete performance of i	my duties, and I am familiar with Roxanne Turner Asst. Vice President
nd accept the obligation. 3. The name, title or capa <u>Title or Capacity:</u>	corpolation as registered agent. Corpolation Service Company By: (Registered agent's acity and address of the person(s) who has Name and Address: Dr. Brian Hurley 8620 N. New Braunfels Ave	and complete performance of i	my duties, and I am familiar with Roxanne Turner Asst. Vice President
Title or Capacity:	cof my position as registered agent. Corpolation Service Company (Registered agent's acity and address of the person(s) who ha Name and Address: Dr. Brian Hurley	and complete performance of i	my duties, and I am familiar with Roxanne Turner Asst. Vice President
nd accept the obligation. The name, title or capa Title or Capacity:	corpolation as registered agent. Corpolation Service Company By: (Registered agent's acity and address of the person(s) who has Name and Address: Dr. Brian Hurley 8620 N. New Braunfels Ave Suite 501	and complete performance of i	my duties, and I am familiar with Roxanne Turner Asst. Vice President
nd accept the obligation. 3. The name, title or capa Title or Capacity: MBR	Corpolation Service Company By: (Registered agent's acity and address of the person(s) who has Name and Address: Dr. Brian Hurley 8620 N. New Braunfels Ave Suite 501 San Antonio, TX 78217	and complete performance of i	my duties, and I am familiar with Roxanne Turner Asst. Vice President
The name, title or capa Title or Capacity: MBR	corpolation as registered agent. Corpolation Service Company By: (Registered agent's acity and address of the person(s) who has Name and Address: Dr. Brian Hurley 8620 N. New Braunfels Ave Suite 501 San Antonio, TX 78217	and complete performance of in signature) s/have authority to manage is/ar Title or Capacity:	my duties, and I am familiar with Roxanne Turner Asst. Vice President re: Name and Address:
The name, title or capa Title or Capacity: MBR Use attachments if neces. Attached is a certificate trisdiction under the law-	corpolation as registered agent. Corpolation Service Company By: (Registered agent's acity and address of the person(s) who has Name and Address: Dr. Brian Hurley 8620 N. New Braunfels Ave Suite 501 San Antonio, TX 78217 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate	and complete performance of the signature) s/have authority to manage is/ar Title or Capacity:	My duties, and I am familiar with Roxanne Turner Asst. Vice President Te: Name and Address:
The name, title or capa Title or Capacity: MBR Use attachments if neces Attached is a certificate arisdiction under the law of the translator must be succession. This document is executed.	Corpolation as registered agent. Corpolation Service Company By: (Registered agent's acity and address of the person(s) who has Name and Address: Dr. Brian Hurley 8620 N. New Braunfels Ave Suite 501 San Antonio, TX 78217 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) uted in accordance with section 605.0203	duly authenticated by the official is in a foreign language, a trans	Roxanne Turner Asst. Vice President Te: Name and Address: I having custody of records in the slation of the certificate under oath ware that any false information
The name, title or capa Title or Capacity: MBR Use attachments if neces Attached is a certificate erisdiction under the law of the translator must be such. This document is executed.	corpolation as registered agent. Corpolation Service Company By: (Registered agent's acity and address of the person(s) who has Name and Address: Dr. Brian Hurley 8620 N. New Braunfels Ave Suite 501 San Antonio, TX 78217 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) uted in accordance with section 605.0203 of the Department of State constitutes a this	duly authenticated by the official is in a foreign language, a transit (1) (b). Florida Statutes. I am a rd degree felony as provided for	Roxanne Turner Asst. Vice President Te: Name and Address: It having custody of records in the slation of the certificate under oath ware that any false information
The name, title or capa Title or Capacity: MBR Use attachments if neces Attached is a certificate arisdiction under the law of the translator must be succession. This document is executed.	corpolation as registered agent. Corpolation Service Company By: (Registered agent's acity and address of the person(s) who has Name and Address: Dr. Brian Hurley 8620 N. New Braunfels Ave Suite 501 San Antonio, TX 78217 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) uted in accordance with section 605.0203 of the Department of State constitutes a thing.	duly authenticated by the official is in a foreign language, a trans	Roxanne Turner Asst. Vice President Te: Name and Address: It having custody of records in the slation of the certificate under oath ware that any false information
The name, title or capa Title or Capacity: MBR Use attachments if neces Attached is a certificate arisdiction under the law of the translator must be succession. This document is executed.	corpolation as registered agent. Corpolation Service Company By: (Registered agent's acity and address of the person(s) who has Name and Address: Dr. Brian Hurley 8620 N. New Braunfels Ave Suite 501 San Antonio, TX 78217 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) uted in accordance with section 605.0203 of the Department of State constitutes a thing.	duly authenticated by the official is in a foreign language, a transid degree felony as provided for	Roxanne Turner Asst. Vice President Te: Name and Address: It having custody of records in the slation of the certificate under oath ware that any false information

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AVPM FL PC 5 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 FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVPM FL PC 5 LLC" WAS FORMED ON THE SEVENTH DAY OF JANUARY, A.D. 2019.

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

Authentication: 202299925

Date: 02-21-19

7226830 8300 SR# 20191233089