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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 688663 4301

AUTHORIZATION : Commelle Rad

COST LIMIT : \$ 155.00

ORDER DATE: March 18, 2019

ORDER TIME : 9:55 AM

ORDER NO. : 688663-015

CUSTOMER NO: 4301770

FOREIGN FILINGS

NAME: AVENTURE INVESTMENTS LLC

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

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER:

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COVER LETTER

TO:

	Registration Section Division of Corporations					
SUBJEC	AVenture Investments LLC Name of Limited Liability Company					
SUBJEC						
		ign Limited Liability Company to register the above referenced				
Picase ret	turn all correspondence co	ncerning this matter to the follo	owing:			
	Gerald DeSantis,	Esq.				
	Name of Person					
Patterson Belknap Webb & Tyler LLP						
	·	Firm/Company				
	1133 Avenue of	the Americas				3 7
		Address				
	New York, NY	10036			· ·	The state of the s
	City/State and Zip Code					
	kris@aventurecap	italinc.com				
	-	E-mail address: (to be used for	future annual	report notificati	on)	_ `'
For furthe	er information concerning	this matter, please call:				
	Gerald DeSantis, Esq.	at	212	336-2450	·	
	Name of	Contact Person	Area Code	Daytime '	Telephone Number	_
	MAILING ADDRESS:			STREET ADI	ORESS:	
]	Division of Corporations			Division of Corporations		
Registration Section			Registration Section			
-	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	Enclosed is a check for the Please make check payabl	: following amount: c to: FLORIDA DEPARTME	NT OF STA	ГЕ		
1	□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filing Fee & ■ \$160.00 Filing		\$160.00 Filing of Status & Cer	

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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: **AVenture Investments LLC** (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") AVenture FO Investment LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Delaware 83-2956696 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 500 S. Pointe Drive, Suite 250 500 S. Pointe Drive, Suite 250 (Street Address of Principal Office) (Mailing Address) Miami Beach, FL 33139 Miami Beach, FL 33139 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee 32301 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 Asst. Vice President

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: AVenture Capital Inc. Krishna P. Singh Manager Name: Manager 500 S. Pointe Drive, Suite 250 500 S. Pointe Drive, Suite 250 ☐ Member Address: Member Miami Beach, FL 33139 Miami Beach, FL 33139 Authorized Authorized Person Person Other Other Other_ Other Manager Name: _____ ■ Manager Name: _____ Member Address: Member Address: ______ Authorized Authorized Person Person Other_ Other _____ Other Manager Name: _____ Member Address: _ _ _ _ _ _ _ ☐ Member Address: ÇN. Authorized ☐ Authorized Person Person Other Other_ Other Other_ Important Notice; Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Signature of an authorized person Krishna P. Singh, President & Authorized Person

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 "AVENTURE INVESTMENTS 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 EIGHTEENTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVENTURE INVESTMENTS LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2018.

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

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Authentication: 202463792

Date: 03-18-19

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