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FAX COVER SHEET

TO	TacerriBla¢k	
COMPANY	Florida Div. of Corporations	
FAX NUMBER	18502456014	
FROM	Anne Cerniglio	
DATE	2019-05-3101:20:43 GMT	
RE	Document W1900005159	

COVER MESSAGE

In reference to Document W1900005159 attached please find Certificate of Good Standing from Delaware. Also attached is our Document from Sunbiz

Anne Cerniglio 813-739-7160

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RECEIVED
JUN 0 3 2019

TO:	Registration Section Division of Corporations							
SUBJI	CCT: Avenue	e F LLC						
.,		me of Limited Liability Company						
		Company for Authorization to Transact Business in Florida," Ce referenced foreign limited liability company to transact busines						
Please	return all correspondence concerning this matter	to the following:						
		David B. Shick						
		Name of Person						
		Avenue F LLC						
		Firm/Company						
		7217 Benjamin Road						
		Address	2019					
		Tampa, FL 33634						
		Gity/State and Zip Code	ယ်					
		nnie@prosuregroup.com	d Zip Code 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
	E-mail address: (to b	be used for future annual report notification)	22					
For fur	ther information concerning this matter, please co	all:	20					
	Anne Cerniglio	at (813) 739-7160						
	Name of Contact Person	Area Code Daytime Telephone Number						
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE	PARTMENT OF STATE						

☐ \$155.00 Filing Fee &

Certified Copy

S130.00 Filing Fee & Certificate of Status

S125.00 Filing Fee

■ \$160.00 Filing Fee, Certificate

of Status & Certified Copy

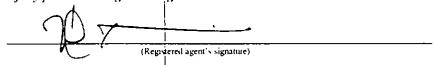
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Avenue F LLC					*****		_
(Name of Foreign	Limited Liability Company; must inch	ude "Limited Liabilit <u>"</u>	y Company,'' "L.E.C	Ci," or "LLC.")			
name unavailable, enter alternate n	ame adopted for the purpose of transacting b	usiness in Florida. The al	ternate name must incl	isde "Limited Liability Co	тралу," "ІІ.,С	;" or "Ll	.c.n
Delaware		3.	83-2052060				
(Jurisdiction under the law of w	hich foreign limited liability company is organ	nized)		(FEI number, if ap	plicable)		-
01/01/2020							
	(Date first transacted business in Florid (See sections 605,0904 & 605,0905, F	da, if prior to registration .S. to determine penalty	.) liability)		-		
		6	7217 Benjamir	n Road, Tampa, FI	L 33634	2019	
(Street Address of I	rincipal Office)			(Mailing Address)	7.5		- - - -
				<u> </u>	 	ယ်	
					· · ·	T	
						<u>N</u>	-
Name and street addres	s of Florida registered agent; (P.O. Box <u>NOT</u> a	ecceptable)		÷:	õ	
Name:	David B. Shick						
Office Address:	7217 Benjamin Road						
	Tampa			33634			
	(Си)	()	; iOHdd	(Zip code)	.		
	(Name of Foreign name unavailable, enter alternate in Delaware (Jurisdiction under the law of will 01/01/2020 7217 Benjamin Road, (Street Address of F	(Name of Foreign Limited Liability Company; must include the purpose of transacting by Delaware (Ourisdiction under the law of which foreign limited hability company is organous of the first transacted business in Floric (See sections 605,090)4 & 605,0903. Experience of Principal Office) Name and street address of Florida registered agent: (Street Address of Principal Office) David B. Shick Name: 7217 Benjamin Road Office Address: 7217 Benjamin Road Tampa	(Name of Foreign Lamited Liability Company; must include "Limited Liability name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The all Delaware (Ourisduction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration (See sections 605,0904 & 605,0905, F.S. to determine penalty) 7217 Benjamin Road, Tampa, FL 33634 (Street Address of Principal Office) Name and street address of Florida registered agent: (P.O. Box NOT at David B. Shick Name: David B. Shick 7217 Benjamin Road Office Address:	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.Company," "L.L.Compa	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.C.") Name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company is organized) Olivisidetion under the law of which foreign limited liability company is organized) (Date florit transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, E.s. to determine penalty liability) 7217 Benjamin Road, Tampa, FL 33634 (Street Address of Principal Office) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: David B. Shick 7217 Benjamin Road Office Address: Tampa 33634 Florida 33634 Florida	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "L.L	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC.") Same 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."

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.



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: Title or Capacity: Name and Address: Name and Address: Name: David B, Shick Name: Manager Manager Address: 7217 Benjamin Rd., Tampa. FL Address: Member Member Authorized Authorized Person Person Other___ Other Other___ Other Name: _____ Name: _____ Manager Manager Member Address: Member Address: Authorized Authorized Person Person Other___ Other Other Other Manager Manager Name: _____ Name: Member Address: Member Address: 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 David B. Shick Typed or printed name of signee

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "AVENUE F 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 MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVENUE F LLC"

WAS FORMED ON THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2018.

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

2019 JUN - 3 PM I2: 20

Jeffey W. Bullies, Secretar

7076292 8300 SR# 20194945592 Authentication: 202928034

Date: 05-30-19

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

CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY

FIRST: The name of the limited liability company is Avenue F LLC.

SECOND: The address of its registered office in the State of Delaware is 251 Little Falls Drive, Wilmington, DE 19808. The name of its Registered Agent at such address is The Company Corporation.

THIRD: The Company will be managed by member, the names and street addresses of those who are to serve until their first meeting of members or until their successors are elected:

David B. Shick

7217 Benjamin Road, Tampa, FL 33634

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Formation on this 27th day of September, 2018.

The Company Corporation, Organizer

BY: /s/ Margaret Rosado

NAME: Margaret Rosado

Assistant Secretary

State of Delaware Secretary of State Division of Corporations Delivered 12:03 PM 09/27/2018 FILED 12:03 PM 09/27/2018 SR 20186866678 - File Number 7076292

State Of Delaware

Entity Details

5/15/2019 4:16:10PM

File Number: 7076292

Entity Name: AVENUE F LLC

Entity Kind: Limited Liability Company

Residency: Domestic

Status: Good Standing

Registered Agent Information

Name: THE COMPANY CORPORATION

Address: 251 LITTLE FALLS DRIVE

City: WILMINGTON

State: DE

Phone: 302-636-5440

Entity Type: General

State: DELAWARE

Incorporation Date / Formation Date: 9/27/2018

Status Date: 9/27/2018

Country:

Postal Code: 19808

FILED
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