

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H20000065230 3)))



H200000652303ABCS

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

From: Account Name : RENNERT, VOGEL, MANDLER & RODRIGUEZ, P.A.,  
Account Number : 076103002011  
Phone : (305) 577-4163  
Fax Number : (305) 533-1587

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Bdelgado@RVMRLAW.COM

Foreign Limited Liability Company  
AVATAR CAPITAL FINANCE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FAX AUDIT NO. H20000065230 3

## 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:

1. AVATAR CAPITAL FINANCE, LLC

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

(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 "LLC.")

2. STATE OF WASHINGTON

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

91-2102372

3.

(FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

1200 WESTLAKE AVENUE N

5. (Street Address of Principal Office)

SUITE 1006

SEATTLE, WA 98109

1200 WESTLAKE AVENUE N

6.

(Mailing Address)

SUITE 1006

SEATTLE, WA 98109

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

Name: REGISTERED AGENTS OF FLORIDA, LLC

Office Address: 100 SE 2ND STREET, 29TH FLOOR.

MIAMI

(City)

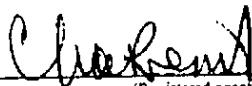
33131

, Florida

(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.



(Registered agent's signature)

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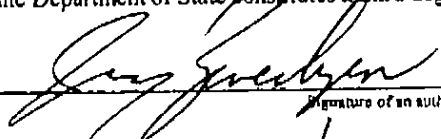
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: JERRY ZEVENBERGEN	<input type="checkbox"/> Manager	Name: Avatar Holding LLC
<input type="checkbox"/> Member	Address: 1200 WESTLAKE AVENUE N	<input checked="" type="checkbox"/> Member	Address: 1200 WESTLAKE AVENUE N
<input checked="" type="checkbox"/> Authorized	SUITE 1006	<input type="checkbox"/> Authorized	SUITE 1006
Person	SEATTLE, WA 98109	Person	SEATTLE, WA 98109
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: TR HAZELRIGG	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 1200 WESTLAKE AVENUE N	<input type="checkbox"/> Member	Address:
<input checked="" type="checkbox"/> Authorized	SUITE 1006	<input type="checkbox"/> Authorized	
Person	SEATTLE, WA 98109	Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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  
 Jerry Zevenbergen  
 Typed or printed name of signer

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UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

AVATAR CAPITAL FINANCE, LLC

FILED  
2020 FEB 27 PM 4:51  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 01/25/2001.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 01/28/2020  
UBI Number: 602 093 941



Given under my hand and the Seal of the State  
of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 01/28/2020