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Florida Department of State
Division of Corporations
Consumer Service Center

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

From:
Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP OF BOCA RATON
Account Number : 076376001555
Phone : (803)255-9617
Fax Number : (561)483-7321

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

Email Address: pdecain@aventoncompanies.com

Foreign Limited Liability Company
Aventon Manager, LLC

Certificate of Status	0
Certified Copy	1
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JUL 29 2020

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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. AVENTON MANAGER, 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. DELAWARE

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

3. 83-2142615

(F.I. 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)

5. 4600 EAST WEST HIGHWAY

(Street Address of Principal Office)

6. 4600 EAST WEST HIGHWAY

(Mailing Address)

SUITE 630

SUITE 630

BETHESDA, MD 20814

BETHESDA, MD 20814

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

Name: BCRA, LLC

Office Address: 1905 NW CORPORATE BLVD, SUITE 310

BOCA RATON, Florida 33431
(City) (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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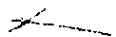
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: THOMAS J. KEADY	<input type="checkbox"/> Manager	Name: PAUL DECAIN
<input type="checkbox"/> Member	Address: 4600 EAST WEST HIGHWAY	<input type="checkbox"/> Member	Address: 4600 EAST WEST HIGHWAY
<input type="checkbox"/> Authorized	SUITE 630	<input type="checkbox"/> Authorized	SUITE 630
Person	BETHESDA, MD 20814	Person	BETHESDA, MD 20814
<input checked="" type="checkbox"/> Other Chairman/CEO	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other PRES./CIO	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: ROBERT W. GAHERTY	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 4600 EAST WEST HIGHWAY	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	SUITE 630	<input type="checkbox"/> Authorized	
Person	BETHESDA, MD 20814	Person	
<input checked="" type="checkbox"/> Other VP/COO	<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

PAUL DECAIN, PRESIDENT AND CIO

 Typed or printed name of signer

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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 "AVENTON MANAGER, 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-NINTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVENTON MANAGER, LLC" WAS FORMED ON THE FOURTH DAY OF OCTOBER, A.D. 2018.

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



7087681 8300

SR# 20206475609

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203370090

Date: 07-29-20

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