Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

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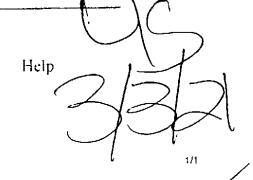
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Foreign Limited Liability Company APG ASLI VIII GP, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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Corporate Filing Menu



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From: Ranae McGraw

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

IN COMPLIANCE WITH SECTION 605,090; FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FUREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: APG ASLI VIII GP, LLC (Name of Foreign Limited Lightlity Company; muy include "Urnied Handity Company," "L.L.C.," or "LLC.") off name unavailable, erner a terrate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company, (Irradiction 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 pens ty rability) 923 N. Pennsylvania Avenue 923 N. Pennsylvania Avenue 5. (Street Address of Principal Office) (Mailing Address) Winter Park, FL 32789 Winter Park, FL 32789 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Marvin Shapiro Name: 923 N. Pennsylvania Avenue Office Address: 32789 Winter Park Florida (City) 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)

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	4	Same and Address:
□Manager	Name: Marvin M. Shapiro	□Manager	Name:	
LIMember	Address: 923 North Pennsylvania Avenue	LlMember	Address:	
△Authorized	Winter Park, FL 32789	□Authorized	 -	
Person		Person		
□Other	□Other	□ Other		□Other
□Manager	Name: Andrew J. Dubill	□Manager	Name:	MAR T
□Member	Address: 923 North Pennsylvania Avenue	□Member	Address:	3, 01
⊠Authorized	Winter Park, FL 32789	☐ Authorized		発見り
Person		Person		10 6
[]Other		□Other		
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address: _	
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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, duty 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.

See attached signature page	
Signature of all authorized person	
 Typed or printed some of signer	

o: 18506176383

MANAGING MEMBER:

AVANTI PROPERTIES GROUP III, L.L.L.P.,

a Delaware limited liability limited partnership

By: APG III GP, LLC, a Florida limited liability company, its sole General Partner

By: Avanti Management Corporation, a Florida

corporation, its sole Manager

Name: Marvin M. Shapiro

Title: President



To: 18506176383

From: Ranae McGraw



Page 1

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

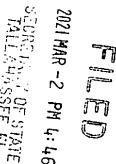
DELAWARE, DO HEREBY CERTIFY "APG ASLI VIII GP, LLC" IS DULY FORMED

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 FIRST DAY OF MARCH, A.D. 2021.

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



Authentication: 202618737

Date: 03-01-21