

ma1000005347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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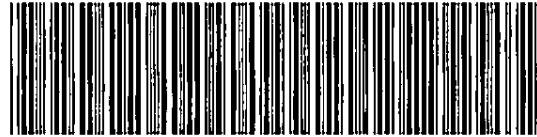
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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21 APR 15 PM 1:38
CLERK OF STATE
TALLAHASSEE, FLORIDA

TX 5/5/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVI-SPL Global LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Lauren Mastro

Name of Person

AVI-SPL

Firm/Company

6301 Benjamin Road, Suite 101

Address

Tampa, FL 33634

City/State and Zip Code

lauren.mastro@avispl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren Mastro

813

884-7168

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$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 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. AVI-SPL Global LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC")

2. Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (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)

5. 6301 Benjamin Road, Suite 101 6. 6301 Benjamin Road, Suite 101
(Street Address of Principal Office) (Mailing Address)
Tampa, Florida 33634 Tampa, Florida 33634

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

Name: AVI-SPL LLC

Office Address: 6301 Benjamin Road, Suite 101

Tampa 33634
_____, Florida _____
(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.

[Signature]
(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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: A&V Holdings Midco LLC

☒ Member Address: 338 Pier Ave.

☐ Authorized Hermosa Beach, CA 90254

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Jan Reese

☐ Member Address: 6301 Benjamin Rd., Ste. 101

☒ Authorized Tampa, FL 33634

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: John Zettel

☐ Member Address: 6301 Benjamin Rd., Ste. 101

☒ Authorized Tampa, FL 33634

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Steve Benjamin

☐ Member Address: 6301 Benjamin Rd., Ste. 101

☒ Authorized Tampa, FL 33634

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____


Person _____

☐ Other _____ ☐ 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

Steve Benjamin, Authorized Person

Typed or printed name of signee

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "AVI-SPL GLOBAL LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE FIFTH DAY OF MARCH, A.D. 2008, AT 1:08 O`CLOCK P.M.

CERTIFICATE OF REVIVAL, FILED THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2011, AT 11:30 O`CLOCK A.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TWENTY-SIXTH DAY OF APRIL, A.D. 2012, AT 8 O`CLOCK A.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2016, AT 4:59 O`CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE FIRST DAY OF MARCH, A.D. 2019, AT 3:58 O`CLOCK P.M.

CERTIFICATE OF OWNERSHIP, FILED THE TENTH DAY OF MARCH, A.D. 2020, AT 9:10 O`CLOCK A.M.



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.

4508907 8310

SR# 20211263024

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

Authentication: 202956735

Date: 04-13-21

Delaware

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CERTIFICATE OF OWNERSHIP, FILED THE TENTH DAY OF MARCH, A.D. 2020, AT 9:33 O`CLOCK A.M.

CERTIFICATE OF CONVERSION, CHANGING ITS NAME FROM "AVI-SPL, INC." TO "AVI-SPL GLOBAL LLC", FILED THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2020, AT 8:57 O`CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF CONVERSION IS THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2020.

CERTIFICATE OF FORMATION, FILED THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2020, AT 8:57 O`CLOCK A.M.

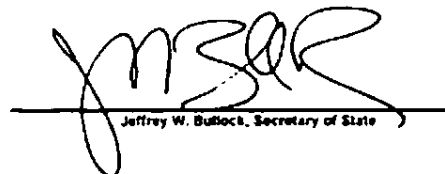
CERTIFICATE OF CORRECTION, FILED THE SIXTEENTH DAY OF FEBRUARY, A.D. 2021, AT 6:31 O`CLOCK P.M.

CERTIFICATE OF CORRECTION, FILED THE SEVENTEENTH DAY OF FEBRUARY, A.D. 2021, AT 4:13 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "AVI-SPL GLOBAL LLC".

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




Jeffrey W. Bullock, Secretary of State

4508907 8310

SR# 20211263024

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

Authentication: 202956735

Date: 04-13-21