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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORING

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2021 NOV

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HOV 08 2021 K. Brumbley

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 11/05/2021	<u>.</u>		⇔WALK IN
ENTITY NAME AWPRE	E ENCORE VIVE 202	21, LLC	
DOCUMENT NUMBER_		-	
	PLEASE FILE TH	HE ATTACHED AND RETURN	
	Plain Copy		
XXXXXX	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts Certificate of Good Sta		
	APOSTILLE' / N	NOTARIAL CERTIFICATION	
COUNTRY OF DESTINAT	TION		
NUMBER OF CERTIFICA	TES REQUESTED		
TOTAL OWED \$155		ACCOUNT #: I201600000)72
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Dlaga sell Time at to	ka akana mukan kan	any issues or concerns. Thank you	22

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:

ty company is organized) ed business in Florida, if prior to reg 904 & 605,0905, F.S. to determine	gistration.) penalty liability)	(FEI num ourt Street	iber, if applicable!
ed business in Florida, if prior to reg 904 & 605,0905, F.S. to determine	gistration.) e penalty liability) 1245 CC	ourt Street	iber, if applicable)
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		(Mailing Ado	dress)
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	Clearwa	iter, FL 33756	
ered agent: (P.O. Box 1	NOT_acceptabl	c)	FILE IDV -5
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et			4: 13
		33756	
(City)		(Zip coc	le)
1 C	(City) I to accept service of propert the appointment as i	(City) I to accept service of process for the a ept the appointment as registered agen	33756 . Florida

(Registered agent's signature)

l'itle or Capacity:	Name and Address:	Title or Capacity	<u>y:</u>	Name and Address
■Manager	Name: AWP RE, L.L.C.	Manager	Name:	
Member	Address: 1245 Court Street	Member	Address:	
Authorized	<u> </u>	Authorized		
Person	Clearwater, FL 33756	Person		
Other	Other	Other		Other
]Manager	Name:	☐ Manager	Name:	
Member	Address:	☐ Member	Address:	
Authorized		Authorized		
Person		Person		<u></u>
Other	Other	Other		Other
]Manager	Name:	Manager	Name:	
Member	Address:	☐ Member	Address:	
Authorized		Authorized		
Person		Person	 	
_	Other	Other		Other

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

Typed or printed name of signee

/s/ Stephen Olson

Stephen Olson

Page 1



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

DELAWARE, DO HEREBY CERTIFY "AWPRE ENCORE VIVE 2021, 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 FOURTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AWPRE ENCORE VIVE 2021, LLC" WAS FORMED ON THE THIRD DAY OF NOVEMBER, A.D. 2021.

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

Authentication: 204604811

Date: 11-04-21

6360501 8300 SR# 20213711390