

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

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

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
AvevoRX, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

2022 JUN -1 AM 11:59

2022 JUN -1 PM 4:42

FILED

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

SUBJECT: AvevoRx, 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:

Name of Person  
Capitol Services - Corporate Filings Team  
Firm/Company  
515 East Park Avenue 2nd Fl  
Address  
Tallahassee, FL 32301  
City/State and Zip Code  
EHill@avevorx.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person \_\_\_\_\_ at ( 855 ) 498 - 5500  
Area Code Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

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

(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 "L.L.C.")

2. North Carolina  
(Jurisdiction under the law of which foreign limited liability company is organized)

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.)

5. 200 W. Lexington Ave., Suite 203  
(Street Address of Principal Office)

6. \_\_\_\_\_  
(Mailing Address)

High Point, NC 27262

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

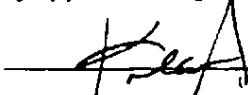
Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

Tallahassee, Florida 32301  
(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)

Krista Abair, Asst. Secretary on behalf  
of Capitol Corporate Services, Inc.

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CLERK OF SUPERIOR COURT  
JACKSONVILLE, FL

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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: 3A&E Holdings, LLC

☒ Member Address: \_\_\_\_\_

☐ Authorized 200 W. Lexington Ave., Suite 203

Person High Point, NC 27262

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Title or Capacity: Name and Address:

☐ Manager Name: Rielly Holdings, LLC

☒ Member Address: \_\_\_\_\_

☐ Authorized 83 Isla Bahia Drive

Person Fort Lauderdale, FL 33316

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Johnson Girls Consulting, LLC

☒ Member Address: \_\_\_\_\_

☐ Authorized 644 East Canyon Creek Lane

Person Weatherford, TX 76087

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: IWB Holdings, LLC

☒ Member Address: \_\_\_\_\_

☐ Authorized 2212 Johnson Maria Road

Person Chapin, SC 29036

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Salty Blonde LLC

☒ Member Address: \_\_\_\_\_

☐ Authorized 790 E. Broward Blvd Unit 30

Person Fort Lauderdale, FL 33301

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

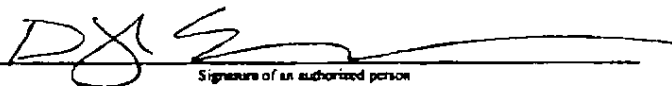
Person \_\_\_\_\_

☐ 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

Douglas Eric Hill

Typed or printed name of signer

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# NORTH CAROLINA

## Department of the Secretary of State

### CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

#### **AVEVORX, LLC**

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 2nd day of July, 2021

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 31st day of May, 2022.

*Elaine F. Marshall*

Secretary of State

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