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

From:
Account Name : GILMAN CIOCIA INC.
Account Number : I20120000051
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TALLAHASSEE, FLORIDA

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

Email Address: JCOLON@BRILEYWEALTH.COM

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Foreign Limited Liability Company
AVIVI LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JUL - 7 2022

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

3. (FEI number, if applicable)

4. 7/6/2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 460 NE 28TH ST APT 3907 MIAMI FL 33137

(Street Address of Principal Office)

6. 460 NE 28TH ST APT 3907 MIAMI FL 33137

(Mailing Address)

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

Name: OFER AVIVI

Office Address: 460 NE 28TH ST - APT 3907

MIAMI, Florida 33137
(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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TALLAHASSEE, FLORIDA

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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: OFER AVIVI

☒ Member

Address: 460 NE 28TH ST

☐ Authorized

APT 3907

Person

MIAMI FL 33137

☐ Other

☐ Other

☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other

☐ Other

Title or Capacity:

Name and Address:

☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name:

☐ Member

Address:

☐ Authorized

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

OFER AVIVI

Typed or printed name of signer

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Tre Hargett
Secretary of State

2022 JUL -6 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

STEVE LEVY

601

2875 NE 191ST

AVENTURA, FL 33180

July 5, 2022

Request Type: Certificate of Existence/Authorization

Request #: 0483602

Issuance Date: 07/05/2022

Copies Requested: 1

Document Receipt

Receipt #: 007357418

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3832108997

\$20.00

Regarding: AVIVI LLC

Filing Type: Limited Liability Company - Foreign

Formation/Qualification Date: 08/20/2020

Status: Active

Duration Term: Perpetual

Control #: 1122619

Date Formed: 12/05/2019

Formation Locale: NORTH CAROLINA

Inactive Date:

CERTIFICATE OF AUTHORIZATION

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

AVIVI LLC

* is a Limited Liability Company formed in the jurisdiction set forth above and is authorized to transact business in this State;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed an Application for Certificate of Withdrawal.

Tre Hargett
Secretary of State

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