## M2200012393

(Re	questor's Name)	··-					
(Ad	dress)						
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	_ Certificates	s of Status					
Special Instructions to Filing Officer:							
		į					

Office Use Only



700392036367

08/04/22--01024--019 \*\*180.00



T. LEMIEUX AUG - 9 2022

## COVER LETTER

		istration Section sion of Corporation	18				
SURBE	т.	Avantage Technolog	y LLC				
SUBJECT: Name of Limited Liability Company							
					ition to Transact Business in Florida ted liability company to transact bus		
Please re	Hurn	all correspondence co	oncerning this matter to the fol	owing:			
		David Gunther					
	Name of Person						
	Avantage Entertainment						
	Firm/Company						
	2525 Ponce de Leon Blvd, 3rd floor						
Address						_	
	Coral Gables, FL 33134						
	City/State and Zip Code						
	david@avantagebrand.com						
	E-mail address: (to be used for future annual report notification)						
For furth	er in	formation concerning	this matter, please call:				
David Gunther		3	305 U	421-6343			
		Name of	f Contact Person	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				
		osed is a check for th se make check payabl	ie following amount: le to: FLORIDA DEPARTM	ENT OF STA	FE.		
		\$125,00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & \$160.00 Filing ed Copy of Status & Co	-	

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

IN COMPLANCE 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: Avantage Technology LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Avantage Technolgy L.L.C. (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Lumited Liability Company," "L.I. C." or "LI C.") 84-3932284 Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, it applicable) No business transacted as of August 1, 2022. (Date first transacted bosiness in Florida, if prior to registration 1 (See sections 605 0904 & 605 0905, F.S. to determine penalty hability) 2525 Ponce de Leon Blyd-2525 Ponce de Leon Blyd (Street Address of Principal Office) 3rd Floor 3rd Floor Coral Gables, FL 33134 Coral Gables, FL 33134 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) REGISTERED AGENTS INC. Name: 7901 4TH ST N STE 300 Office Address: ST PETERSBURG 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.

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]: Name and Address: Title or Capacity; Name and Address: Title or Capacity: Name: David Gunther Name: Marcus Katz Manager Manager Address: \_\_\_\_ 7752 Fisher Island Drive Address: 2525 Ponce de Leon Blyd Member ☐ Member Miami Beach, FL 33109 3rd Floor ■Authorized Authorized Coral Gables, FL 33134 Person Person Other Other Other \_\_\_\_\_ Other\_\_\_\_ Name: Manager Manager Name: Manager Address: \_\_\_\_\_ Member Address: \_\_\_\_\_ Member Authorized Authorized Person Person Other\_\_\_\_\_ Other \_\_\_\_\_ Other\_\_ Other\_\_ Manager Name: \_\_\_\_ Manager | Name: \_\_\_\_\_ Member Member Address: \_\_\_\_ Address: \_\_\_\_\_\_ ■Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ Other\_\_\_ Other\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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

Exped or printed name of signer-

David Gunther

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AVANTAGE TECHNOLOGY, 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 TWENTY-NINTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVANTAGE TECHNOLOGY, LLC" WAS FORMED ON THE FIFTH DAY OF DECEMBER, A.D. 2019.

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

Authentication: 204043973

Date: 07-29-22