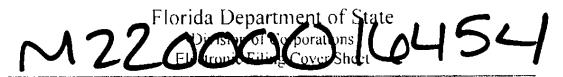
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Division of Corporations



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Fax Number : (850)617-6383

From:

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Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

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Foreign Limited Liability Company AV Management Holdings PIP II, LLC

Certificate of Status	Û
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19548277645

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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

AV Management Hole (Nume of Foreign	i Limited Liability Company; must include "Limited	Linbility Company," "L.L.C.," or "LLC.")	
nome unavailable, exter alternate	name adopted for the purpose of transacting business in Flo	rida. The alterrate came must include "Limited Lia	bility Company," "L.L.C." or "1
Delawar e		87-3543508	
(Jurisdiction under the Law of v	which foreign limited liability company is organized)). (FEI number	r, tfapplicable)
09/23/2021			
	(Date first transacted business in Florida, if prior to it (See sections 605,0904 & 605 0905, F.S. to determine	egistration.) a perastry liability)	
5555 Gate Parkway		5555 Gate Parkway	
Address of Principal Office)		6. (Mailing Address)	
Suite I 10		Suite I 10	
ecksonville, FL 3225	G	Jacksonville, FL 32256	
ame and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2022
Name:	C T Corporation System		2022 OCT 26
Office Address:	1200 South Pine Island Road		A A
	Plantation	33324 Florida	₩ H:5
	(City)	(Zio 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.

CT Corporation System By: Ternell Kearney		
(Registepen ngent's signature)		

19548277645

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: ☐Manager	Name and Address: Name:	Title or Capacity:		Name and Address:
□Member	Address: 5555 Gate Parkway	□Member		
■ Authorized	Suite 110	☐ Authorized		
Person	Jacksonville, FL 32256	Person		
Other	Other	☐Other		Other
■ Manager	Name: Russ Thomas	□Manager	Name:	
□Member	Address: 5555 Gate Parkway	□Member		
□Authorized	Suite 110	□Authorized		
Person	Jacksonville, PL 32256	Person		
Other	Other	□Other		Other
_				
□Малаger	Name:	□Manager	Name:	
□Member	Address:	□Member	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. 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.

Sutt E.	Verbet
	Signature of an authorized person
Scott E. Herbst	
	Typed or printed rarge of stretter

To: • Page: 5 of 5 2022-10-26 09:57:00 PDT 19548277645 From. Kaity To:

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "AV MANAGEMENT HOLDINGS PIP II, 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-SIXTH DAY OF OCTOBER, A.D. 2022.

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

Authentication: 204707349

Date: 10-26-22