

122 000016743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

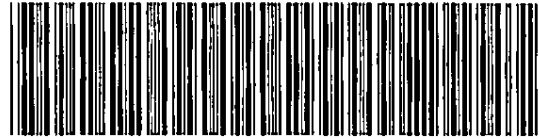
(Document Number)

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M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVANTI GUTTERS 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:

Tomasz Luczkowski

Name of Person

Avanti Gutters LLC

Firm/Company

11965 Bohemian Place

Address

Venice, FL 34293

City/State and Zip Code

info@avanti-llc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daria Luczkowski

860

538-7465

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

Avanti Gutters 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. State of Connecticut 3. 38-4166632
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.004 & 605.005, F.S. to determine penalty liability)

5. 11965 Bohemian Pl 6. 11965 Bohemian Pl
(Street Address of Principal Office) (Mailing Address)

Venice FL 34293 Venice FL 34293

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

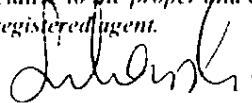
Name: Daria Luczkowski

Office Address: 11965 Bohemian Pl

Venice 34293
(City) , Florida (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)

CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

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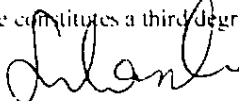
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Daria Luczkowski</u>	<input type="checkbox"/> Manager	Name: <u>Tomasz Luczkowski</u>
<input checked="" type="checkbox"/> Member	Address: <u>11965 Bohemian Pl</u>	<input checked="" type="checkbox"/> Member	Address: <u>11965 Bohemian Pl</u>
<input type="checkbox"/> Authorized	<u>Venice FL 34293</u>	<input type="checkbox"/> Authorized	<u>Venice FL 34293</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

DARIA LUCZKOWSKI

Typed or printed name of signer

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DEPT. OF STATE
CORPORATION DIVISION

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Secretary of the State of Connecticut

Certificate of Legal Existence

Certificate of Legal Existence Certificate

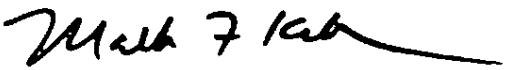
Date Issued: October 06, 2022

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

Business Details

Business Name	AVANTI LLC
Business ALEI	US-CT.BER:1372146
Formation Date	01/05/2021



Secretary of the State

Business ALEI: US-CT.BER:1372146

Note: To verify this certificate, visit Business.ct.gov

Certificate Number: C-00063741



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2022

TOMASZ LUCZKOWSKI
AVANTI GUTTERS LLC
11965 BOHEMIAN PLACE
VENICE, FL 34293

SUBJECT: AVANTI GUTTERS LLC
Ref. Number: W22000134411

We have received your document for AVANTI GUTTERS LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Company's name on line item number 1 must match exactly as on the Certificate of Existence.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 622A00023816

RECEIVED

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