

M23000004688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

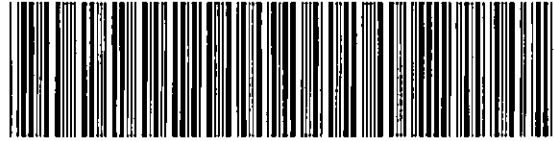
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2023 APR 11 PM 3:23



RECEIVED
2023 APR 11 PM 3:55
Filing Office
Tallahassee, Florida

S. ROBERTS

APR 12 2023

Handwritten signature or initials



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexxis Weiland-Sorenson
Ext: 61592
Date: 04/11/23
Order #: 665011-5
Re: Apg Asla I, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:
I20000000195

AUTHORIZATION:

A handwritten signature in black ink, appearing to read "Alexxis Weiland-Sorenson", written over a horizontal line.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: APG ASLA I, 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:

Anne Kabourek

Name of Person

Avanti Properties Group

Firm/Company

923 N Pennsylvania Ave

Address

Winter Park, FL 32789

City/State and Zip Code

akabourek@avantiprop.com

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

For further information concerning this matter, please call:

Anne Kabourek

407

628-8488

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

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. APG ASLA I, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware 3. 92-3092574
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 923 N Pennsylvania Ave 6. 923 N Pennsylvania Ave
(Street Address of Principal Office) (Mailing Address)
Winter Park, FL 32789 Winter Park, FL 32789

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
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.

Corporation Service Company

By: Alexis Weiland-Sorenson, ACP
(Registered agent's signature)

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: Avanti Management Corporation

☐ Member Address: 923 N Pennsylvania Ave

☐ Authorized Winter Park, FL 32789

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Marvin Shapiro

☐ Member Address: 923 N Pennsylvania Ave

☒ Authorized Winter Park, FL 32789

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Ryan Lefkowitz

☐ Member Address: 923 N Pennsylvania Ave

☒ Authorized Winter Park, FL 32789

Person _____

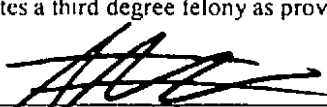
☐ Other _____ ☐ Other _____

See attached for additional authorized person

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

Andrew Dubill

Typed or printed name of signee

Title or Capacity: **Name and Address:**

☐ Manager Name: Avanti Properties Group III, L.L. L. P.

☒ Member Address: 923 N Pennsylvania Ave

☐ Authorized Winter Park, FL 32789

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Andrew Dubill

☐ Member Address: 923 N Pennsylvania Ave

☒ Authorized Winter Park, FL 32789

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Donald Loeb

☐ Member Address: 923 N Pennsylvania Ave

☒ Authorized Winter Park, FL 32789

Person _____

☐ Other _____ ☐ Other _____

APG ASLA I, LLC

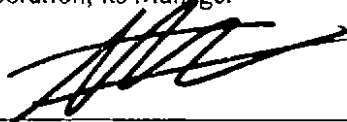
Authorized Person:
Ethan Siller
923 N Pennsylvania Ave
Winter Park, FL 32789

APG ASLA I, LLC, a Delaware limited liability company

By: **AVANTI PROPERTIES GROUP III, L.L.P.**, a Delaware limited liability limited partnership, its Managing Member

By: **APG III GP, LLC**, a Florida limited liability company, its sole General Partner

By: **Avanti Management Corporation**, a Florida corporation, its Manager

By: _____

Andrew Dubill, Executive Vice President

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "APG ASLA I, 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 ELEVENTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "APG ASLA I, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2022.

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




Jeffrey W. Bullock, Secretary of State

7206799 8300

SR# 20231381415

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203114127

Date: 04-11-23