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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 : C T CORPORATION SYSTEM
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.

Email Address: emily.warner@avisonyoung.com

Foreign Limited Liability Company
AVISON YOUNG STUDIO PROJECT SERVICES LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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Please honor original submission date of 9/22/2023

RECEIVED

2023 SEP 26 PM 3:13

FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

STATE
TALLAHASSEE, FL

2023 SEP 26 PM 12:55

FILED

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. Avison Young Studio Project Services LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

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 "L.L.C."

2. New Jersey 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (d/b/a 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. 1 S Wacker Dr 6. 1 S Wacker Dr
(Street Address of Principal Office) (Mailing Address)
Suite 3000 Suite 3000
Chicago IL, 60606 Chicago IL, 60606

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation 33324
(City) (Zip code)
_____, Florida

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.

C T Corporation System

By: /s/ Sandra Zwijack, Assistant Secretary
(Registered agent's signature)

FILED
2023 SEP 26 PM 12:55
STATE OF FLORIDA
TALLAHASSEE, FL

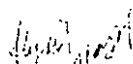
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Avison Young Project Management (USA) Inc. Name: _____	☒ Manager	Alyssa Wright Name: _____
☐ Member	15 Wacker Dr Address: _____	☐ Member	20 Commerce Street Address: _____
☐ Authorized Person	Suite 3000 Chicago IL, 60606 _____	☐ Authorized Person	Springfield NJ, 07081 _____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized Person	_____ _____	☐ Authorized Person	_____ _____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized Person	_____ _____	☐ Authorized 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.



Signature of an authorized person

Alyssa Wright

Typed or printed name of signer

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

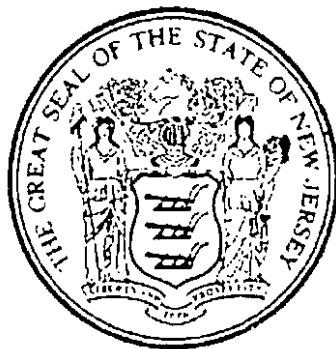
**AVISON YOUNG STUDIO PROJECT SERVICES LLC
0600237037**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on May 18, 2005.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

CT CORPORATION SYSTEM
820 BEAR TAVERN ROAD
WEST TRENTON, NJ 08628



*IN TESTIMONY WHEREOF, I have
hereto set my hand and affixed
my Official Seal at Trenton, this
29th day of August, 2023*

Elizabeth Maher Muoio
State Treasurer

Certificate Number: 6146112941

Verify this certificate online at

https://www.state.nj.us/TRE_MandatingCertJSSTVerify_Cert.asp