

M23000015938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

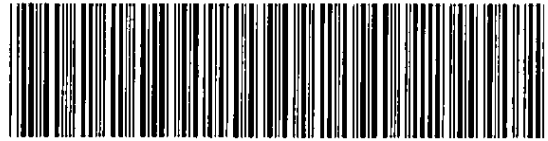
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2023 DEC 21 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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2023 DEC 21 PM 3:41

DEC 21 2023
K Brumley

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 12/21/2023

****WALK IN****

ENTITY NAME Avere Jacksonville SPE, L.L.C.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$125

ACCOUNT #: I20160000072

S. R. H/O

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Avere Jacksonville SPE, L.L.C.

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:

Mr. James A. Shanks

Name of Person

Avere Jacksonville SPE, L.L.C.

Firm/Company

1005 17th Avenue South, Suite 700

Address

Nashville, TN 37212

City/State and Zip Code

jshanks@carterhaston.com

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

For further information concerning this matter, please call:

James A. Shanks

615

279-9200

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**

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. Avere Jacksonville SPE, L.L.C.
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(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. 7507 Park Village Drive
(Street Address of Principal Office)

6. 1005 17th Avenue South, Suite 700
(Mailing Address)

Jacksonville, FL 32256

Nashville, TN 37212

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

Name: NRAI Services, Inc.

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.

Patricia A. Boverie
(Registered agent's signature)
Patricia A. Boverie, Assistant Secretary

2023 DEC 21 PM 3:41

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FEB 10 2024

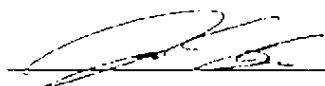
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>L. Marc Carter</u>	<input checked="" type="checkbox"/> Manager	Name: <u>C. Harris Haston</u>
<input type="checkbox"/> Member	Address: <u>1005 17th Avenue South</u>	<input type="checkbox"/> Member	Address: <u>1005 17th Avenue South</u>
<input type="checkbox"/> Authorized	<u>Suite 700</u>	<input type="checkbox"/> Authorized	<u>Suite 700</u>
Person	<u>Nashville, TN 37212</u>	Person	<u>Nashville, TN 37212</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>James A. Shanks</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Michael A. Fielder</u>
<input type="checkbox"/> Member	Address: <u>1005 17th Avenue South</u>	<input type="checkbox"/> Member	Address: <u>1005 17th Avenue South</u>
<input type="checkbox"/> Authorized	<u>Suite 700</u>	<input type="checkbox"/> Authorized	<u>Suite 700</u>
Person	<u>Nashville, TN 37212</u>	Person	<u>Nashville, TN 37212</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>John T. Carter</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Amanda V. Speed</u>
<input type="checkbox"/> Member	Address: <u>1005 17th Avenue South</u>	<input type="checkbox"/> Member	Address: <u>1005 17th Avenue South</u>
<input type="checkbox"/> Authorized	<u>Suite 700</u>	<input type="checkbox"/> Authorized	<u>Suite 700</u>
Person	<u>Nashville, TN 37212</u>	Person	<u>Nashville, TN 37212</u>
<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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AVERE JACKSONVILLE SPE, L.L.C." 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 TWENTIETH DAY OF DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVERE JACKSONVILLE SPE, L.L.C." WAS FORMED ON THE FIFTEENTH DAY OF DECEMBER, A.D. 2023.

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



2774317 8300

SR# 20234292764

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204872819

Date: 12-20-23