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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

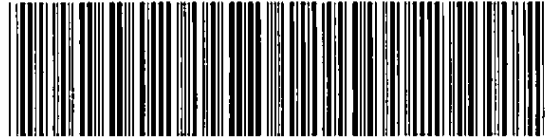
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AVATAR EQUITY, 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:

Caleb Nichols

Name of Person

Firm/Company

3225 McLeod Drive, Suite 100

Address

Las Vegas, Nevada 89121

City/State and Zip Code

ra@andersonadvisors.com

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

For further information concerning this matter, please call:

Caleb Nichols

800

706-4741

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. AVATAR EQUITY, LLC
(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.")

Massachusetts
2. (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)

06/12/2024
4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

3225 McLeod Drive, Suite 100
5. (Street Address of Principal Office) 6. 3225 McLeod Drive, Suite 100
(Mailing Address)

Las Vegas, Nevada 89121
Las Vegas, Nevada 89121

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

Name: Anderson Registered Agents, Inc.

Office Address: 625 E. Twiggs Street, Suite 110

Tampa 33602
(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)

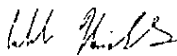
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Sachin Maskey	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 3225 McLeod Drive, Suite 100	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Las Vegas, Nevada 89121	<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 _____
<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)

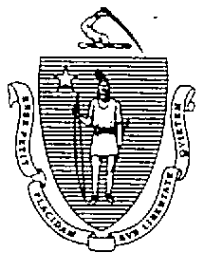
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Caleb Nichols

Typed or printed name of signer



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

July 31, 2024

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

AVATAR EQUITY, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **January 31, 2022**.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **SACHIN MASKEY**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **SACHIN MASKEY, MAURICIO RAULD**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **MAURICIO RAULD**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AVATAR EQUITY, LLC

Name of Limited Liability Company

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Caleb Nichols

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Firm/Company

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Address

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City/State and Zip Code

ra@andersonadvisors.com

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Caleb Nichols

800

706-4741

at (_____) _____

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Daytime Telephone Number

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Massachusetts

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

3. (FEI number, if applicable)

06/12/2024

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

3225 McLeod Drive, Suite 100

5. (Street Address of Principal Office)

3225 McLeod Drive, Suite 100

6. (Mailing Address)

Las Vegas, Nevada 89121

Las Vegas, Nevada 89121

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(City) (Zip code)

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(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: Sachin Maskey

☒ Member Address: 3225 McLeod Drive, Suite 100

☐ Authorized Las Vegas, Nevada 89121

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

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☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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Signature of an authorized person

Caleb Nichols

Typed or printed name of signer

June 12, 2024

Florida Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: **AVATAR EQUITY, LLC**

To Whom It May Concern:

Enclosed please find the following:

- Application By Foreign Limited Liability Company For Authorization To Transact Business; and
- A check for \$130.00 for the filing fees payable to Florida Division of Corporations; and
- A prepaid, pre-addressed return envelope. Please use it to return the filed documents to me.

If you have any questions or concerns regarding this filing, I can be reached at 800-706-4741 or cnichols@andersonadvisors.com.

Thank you,

Caleb Nichols