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(((H24000414728 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

Account Name

: CAPITOL SERVICES, INC.

Account Number : I20160000017

Phone

Fax Number

: (855)498-5500 : (800)432-3622

★Enter the email address for this business entity to be used for future 經濟學annual report mailings. Enter only one email address please.**

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Foreign Limited Liability Company Aventuur Jax GP LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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Corporate Filing Menu

Help

File prior to application of foreign LP for Aventuur Jax, LP (H24000414731 3)

COVER LETTER H24000414728 3

	Registration Section Division of Corporations		
SUBJEC	Aventuur JAX GP LLC		
OBOLC		ne of Limited Liability Company	
		Company for Authorization to Transact Business in Florida," Certificate o referenced foreign limited liability company to transact business in Florida	
Picase ret	urn all correspondence concerning this matter	to the following:	
	Arianne Levine c/o White & Case LL	P	
		Name of Person	
	White & Case LLP		
		Firm/Company	
	1221 Avenue of the Americas		
		Address	
	New York, NY 10020		
	(City/State and Zip Code	
	arianne.levine@whitecase.com; rodrigo	o.dominguez@whitecase.com	
	E-mail address: (to b	e used for future annual report notification)	
For furthe	er information concerning this matter, please ca	હી:	
	Arianne Levine	212 819-2541 n: ()	
_	Name of Contact Person	Area Code Daytime Telephone Number	
	Mailing Address:	Street Address:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
1	Γallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
F	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEI \$125.00 Filing Fee \$130.00 Filing Fe Certificate	ee & 📋 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate	

H24000414728 3

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. Aventuur JAX GP LLC					
(Name of Foreign	Limited Liability Company; must include "Limited	Liability C	Company, " "L.L.C.," or "EL.C.")		
If came uravailable, enter alternate r	name adopted for the purpose of transacting business in Fig.	rida The alt	ernate name must include "Limited Liability Company,"	'L L C," or "L	LC ")
Delaware 2.		3.			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	_	(FEI number, if applicable)		
4					
	(Date first transacted business in Florida, if prior to a (See sections 605,0904 & 605,0905, F.S. to determine	egistration.) se penalty lis	bility)		
2205 Ocean Avenue		6. 2	205 Ocean Avenue (Mailing Address)		
Street Address of Principal Office)		-	(Mailing Address)		
Venice, CA 90291		V	'enice, CA 90291		
				241	ISIAIC
		_		- 1	100 E
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT ac	ceptable)	77);;;; ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
				3	13 PO
Name:	Capitol Corporate Services, Inc.			8: 57)SPORATIONS
Office Address:	515 EAST PARK AVENUE 2ND FL			_	ক
	TALLAHASSEE		32301 , Florida		
	(Cfty)		(Zip code)		

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.

Kim Tadlock	Kim Tadlock, Asst. Secretary on behalf		
ANK I WOOD	of Capitol Corporate Services, Inc.		
(Registered agent's signature)			

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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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■ Manager	Name: Nicholas Edelman	Manager	Name: Lockwood P Holmes, Jr.
□Member	Address: 4 20th Avenue, Apartment 202	□Member	Address: 29500 Heathercliff Rd. #112
□Authorized	Venice, California, 90291	□Authorized	Malibu, California, 90265
Person		Person	
□Other	Other	Other	Other
≣ Manager	Name: Richard Duff	□Manager	Name:
□Member	Address: 2205 Ocean Avenue	□Member	Address:
□Authorized	Venice, California 90291	□Authorized	
Person		Person	
□Other	Other	Other	Other
■Manager	Name: Andrew Ross	□Manager	Name:
□Member	Address: 10 Heirisson Way	□Member	Address:
□Authorized	North Coogee WA 6163, Australia	□Authorized	
Person		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.

Richard Duff		
	Signature of an authorized person	
Richard Duff		H24000414728 3
	Typed or printed name of vignoc	·



H24000414728 3

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AVENTUUR JAX GP 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 SEVENTEENTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVENTUUR JAX GP LLC" WAS FORMED ON THE ELEVENTH DAY OF MARCH, A.D. 2024.

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

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

3247447 8300

Authentication: 205162191

Date: 12-17-24

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