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State of Rhode Island
Department of State - Business Services Division

Application for Transfer of Authority

FOREIGN Business Corporation, Limited Partnership,
Limited Liability Company, Limited Liability Partnership or
Non-Profit Corporation

Pursuant to the applicable provisions of RIGL Title 7, the undersigned duly qualified foreign entity submits the following application for the purpose of transferring its authority to conduct business in the State of Rhode Island to

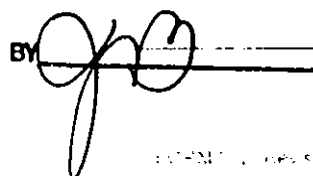
1. Entity ID Number: 000502541	2. The full name of the entity filing this application is: Audio Visual Innovations, Inc.
3. The applicant is a duly qualified foreign: (CHECK ONE BOX ONLY) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Business Corporation <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership	
4. The applicant submits this application for the purpose of transferring its authority to a: (CHECK ONE BOX ONLY) <input checked="" type="checkbox"/> Limited Liability Company (RIGL 7-16-52.1) <input type="checkbox"/> Business Corporation (RIGL 7-12-1411.1) <input type="checkbox"/> Non-Profit Corporation (RIGL 7-6-30.1) <input type="checkbox"/> Limited Partnership (RIGL 7-13-52.1) <input type="checkbox"/> Limited Liability Partnership (RIGL Title 7, as applicable)	
5. The date the applicant qualified to conduct business in Rhode Island is: 01-30-2009	6. The jurisdiction upon transfer of authority is: State of Florida
7. The name of the entity following the transfer of authority is: AVI-SPL LLC	
8. The application for transfer of authority is filed as an accompanying certificate to the: (CHECK ONE BOX ONLY) <input checked="" type="checkbox"/> Application for registration for a Limited Liability Company <input type="checkbox"/> Application for certificate of authority for a Business Corporation <input type="checkbox"/> Application for certificate of authority for a Non-Profit Corporation <input type="checkbox"/> Certificate of registration for a Limited Partnership <input type="checkbox"/> Notice of registration for a registered Limited Liability Partnership	
8(a) This Transfer of Authority and applicable Application/Certificate/Notice must be accompanied by a Certificate of Good Standing/Legal Existence from the current jurisdiction of the entity.	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

9:25

FILED

SEP 08 2021

BY 

STATE OF RHODE ISLAND

TO BE COMPLETED BY THE ENTITY TRANSFERRING AUTHORITY

Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth above.

Type or Print Name of Limited Liability Company

AVI-SPL LLC

Signature of Authorized Person

Steven M. Benjamin

Date

9-7-2021

Signature of Authorized Person

Date

Type or Print Name of Corporation

Audio Visual Innovations, Inc.

Signature of Authorized Person

Steven M. Benjamin

Date

9-7-2021

Signature of Authorized Person

Date

Type or Print Name of Partnership

Signature of Partner

Date

Signature of Partner

Date

Signature of Partner

Date

Type or Print Name of Other Entity

Signature of Authorized Person

Date

Signature of Authorized Person

Date

State of Florida

Department of State

I certify from the records of this office that AVI-SPL LLC is a limited liability company organized under the laws of the State of Florida, filed on December 29, 2020, effective April 4, 1980.

The document number of this limited liability company is L21000002361.

I further certify that said limited liability company has paid all fees due this office through December 31, 2021, that its most recent annual report was filed on April 30, 2021, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Seventh day of September,
2021*



Randy Be
Secretary of State

Tracking Number: 7131428685CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>