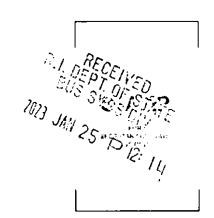


## **Application for Transfer of Authority**

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:

Entity ID Number:	The full name of the entity filing this application is:			
001728580	Avanti Destinations,	Inc.		
The applicant is a duly qualified foreign: (CHECK ONE BOX ONLY)				
Limited Liability Company	<b>✓</b> Business	Corporation	Non-Profit Corporation	
Limited Partnership Limited Liability Partnership				
4. The applicant submits this application for the purpose of transferring its authority to a: (CHECK ONE BOX ONLY)				
Limited Liability Company (RIGL <u>7-16-52.1</u> )  Business Corporation (RIGL <u>7-1.2-1411.1</u> )				
Non-Profit Corporation (RIGL <u>7-6-80.1</u> ) Limited Partnership (RIGL <u>7-13-52.1</u> )				
Limited Liability Partnership (RIGL <u>Title 7</u> , as applicable)				
5. The date the applicant qualified to conduct business in		6. The jurisdiction upon transfer of authority is:		
Rhode Island is: 8/25/2021		Oregon		
7. The name of the entity following the transfer of authority is:				
Avanti Destinations, LLC				
8. The application for transfer of authority is filed as an accompanying certificate to the: CHECK ONE BOX ONLY				
Application for registration for a Limited Liabilty Company				
Application for certificate of authority for a Business Corporation				
Application for certificate of authority for a Non-Profit Corporation				
Certificate of registration for a Limited Partnership				
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 FILED

JAN 25 2023

FORM 612- Revised: 09/2020

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				
Signature of Authorized Person	Date			
Signature of Authorized Person	Date			
Type or Print Name of Corporation				
Avanti Destinations, Inc				
Signature of Authorized Person	Date			
PJB	1/24/2023			
Signature of Authorized Person	Date			
1712-	1/24/2023			
Type or Print Name of <b>Partnership</b>				
Signature of Partner	Date			
Signature of Partner	Date			
Signature of Partner	·			
Signature of Partner	Date			
Type or Print Name of Other Entity	Date			
	Date			
	Date			