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COVER LETTER

TO:	Registration Section				
	Division of Corporations				
CHIDI	AFH Fund Advisory Corp				
SUBJ		· · · · · · · · · · · · · · · · · · ·		ec	
	Name o	or corporation	- must include su	IIIX	
Dear S	ir or Madam:				
"Certif	iclosed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to tr	of Good Stan	ding" and check a		
	return all correspondence concerni el Blackham	ng this matter	to the following:		
		Name of	Person		····
BLACI	KHILL PARTNERS PLLC	Number of	013011		
		Firm/Com	nany		
4567 H	OLLADAY BLVD	T ITHIV COM	pany		2522
		Addre	ess		
SALT I	LAKE CITY, UT 84117				23
		City/State ar	nd Zip code		_
formati	on@blackhill.co	•	•		F
	E-mail address	to be used f	or future annual re	eport notification)	
For fin	ther information concerning this m	atter inlease c	all·		50
	ccc	accor, prouse o	u		
Michae	fichael Blackham 385 297-8048				
		at (_)		_
	Name of Person	Area Code	e Daytime	Telephone Number	
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Registration Section Division of Corporations P.O. Box 6327			
Please	ed is a check for the following amo make check payable to: FLORIDA DF .00 Filing Fee \$78.75 Filing Certificate o	PARTMENT g Fee &	OF STATE \$78.75 Filing Fe Centified Copy		of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. AFH FUND ADVISORY CORP 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "inc.," "Co.," "Corp," "lnc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) DELAWARE (State or country under the law of which it is incorporated)

(FEI number, if applicable) 2. 4. 07/19/2022 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1615 MONROE ST, HOLLYWOOD FL 33020 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Daniel Talkins Name: 1615 Monroe St Office Address: Hollywood 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation 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) 10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS	Daniel Talkins			N. S. aldaa			
□ Chairman	Name: 1615 Monroe St	☐ Chairman	Name: Aaron Meckler				
□Vice Chairman	Address:	□Vice Chairman	Address: 7963 Villa Nova Dr				
□Director	Hollywood, FL 33020	Director	Boca Raton, FL 33433				
President		⊘ President					
□Vice President		□Vice President					
☑ Secretary	☐Treasurer	Secretary		☐ Treasurer			
Other	Other	Other	,	□Other			
□ Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director		□Director					
President		□ President					
□Vice President		□Vice President					
Secretary	Treasurer	Secretary		☐Treasurer			
Other	Other	□Оம்வ		□Other □			
				••			
Chairman	Name:	☐ Chairman	Name:	2			
□Vice Chairman	Address:	□Vice Chairman	Address:	- D			
□ Director		Director					
President		President		ි <u>ට</u>			
□Vice President		□Vice President		······································			
☐ Secretary	☐ Treasurer	Secretary		□Treasurer			
Other		□Other	·	Other			
individuals may b	Use an attachment to report more than six (6). The att be added to the index when filing your Florida Departm	nent of State Annual R	leport form.				
12.	Signature of Director	or Officer					
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. \[\text{Quality} \text{U(1)} \text{U(2)} U(2							
13							
	(Typed or printed name and capacity of per	rson signing application	n)				

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AFH FUND ADVISORY CORP" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF SEPTEMBER, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AFH FUND

ADVISORY CORP" WAS INCORPORATED ON THE NINETEENTH DAY OF JULY, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

28 F. 4: 50



Authentication: 204381964

Date: 09-13-22