## 122000006141

(Requestor's Name)
(Address)
(Address)
, ,
(Chu(Chata/Tia/Chana #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
Certified Copies Certificates of Status
·
Special Instructions to Filing Officer:
Special instructions to 1 ming officer.

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APR 2 0 2022

k. Brumbley



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Date: April 20, 202	2	Account#: I2000000000	
Name: KEN			
Reference #: <b>1651</b>	616		
Entity Name:	FAIRHOME ADVISOR	S LLC	
✓ Articles of Incorporation/	'Authorization to Transact Bu	siness	
Amendment			
Change of Agent		ICCUECA CALI	
Reinstatement		ISSUES? CALL KEN:	
Conversion		518-213-0738	
☐ Merger			
☐ Dissolution/Withdrawal			
☐ Fictitious Name			
✓ Other	** CERTIFIED COPY UPON	FILING **	

Authorized Amount:

Signature

⊕ CORPORATE HQ
 COGENCY GLOBALING
 10 € 40 − 51, 10 ° FL
 NY, NY 10016
 800,221,0102
 +1,212,947,7200

\$155.00

## COVER LETTER

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Registration Section

TO:

Division	of Corporations
SUBJECT:	FairHome Advisors LLC
50bJEC1	Name of Limited Liability Company
	pplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of neck 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:
	Griffin Wetmore
	Name of Person
	FairHome Advisors LLC
	Firm/Company
	PO Box 2328
	Address
	Darien, CT, 06820
	City/State and Zip Code
_	gpwetmore@gmail.com
	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
	Griffin Wetmore 203 218-2115
	Name of Contact Person Area Code Daytime Telephone Number
Division Registra P.O. Bo	NG ADDRESS: of Corporations tion Section x 6327 See, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Please n	d is a check for the following amount:  nake check payable to: FLORIDA DEPARTMENT OF STATE  5.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

		e Advisors LLC		
(Name of Foreign	Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or	"LLC.")	-
		ness in Florida. The alternate name must include "Li		<del>-</del>
	Delaware	ness in Florida. The alternate name must include "Li	muted Liability Company," "L.L.C, or "LL	(, <sup>-</sup> )
	which foreign limited liability company is organize	3	(FEI number, if applicable)	-
ı, <u></u>	NA			
	(See sections 005,0904 & 605,0905, F.S.	if prior to registration.) to determine penalty liability)		
19 Stai	nton Road	<sub>6.</sub> PO	Box 2328	
(Street Address of	Principal Office)		nling Address)	-
Darien,	CT 06820	Darien, C	T 06820-2328	
. Name and street addre	ss of Florida registered agent: (P.	O. Box NOT acceptable)	202	-
-			2022 APR 20	
Name:	COGENCY GLO	ORAL INC	R 20	
Name.	OCCLINO! OL	DD/ L IIIO.	AH.	(E)
	115 North Calhou	n St. Suite 4	75. <b>4. 9.</b>	
Office Address:	113 North Cambu	· · · · · · · · · · · · · · · · · · ·		·, (
Office Address:			5	(
Office Address:		see , Florida _ 3	32301 (Zip code)	.)
	Tallahas		2301	
Registered agent's accep Javing been named as re	Tallahas (City)  Stance: egistered agent and to accept serv	SEE . Florida 3	32301 (Zip code)	e place
Registered agent's acceptaving been named as resignated in this application of the provision of the provision comply with the provision.	Tallahas (City)  Otance: egistered agent and to accept serve ution, I hereby accept the appoint ions of all statutes relative to the	SEE . Florida3 vice of process for the above stated itment as registered agent and agree proper and complete performance	2301_(Zip code)  limited liability company at the to act in this capacity. I furth	her agi
Registered agent's acceptaving been named as resignated in this application of the provision of the provision comply with the provision.	Tallahas (Cit)  otance: egistered agent and to accept serv ution, I hereby accept the appoint	SEE . Florida3 vice of process for the above stated itment as registered agent and agree proper and complete performance	2301_(Zip code)  limited liability company at the to act in this capacity. I furth	her agi

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: Title or Capacity: Name and Address: Name and Address: David Randolph Griffin Wetmore Name: \_\_ Manager Manager Name: Address: 3401 Highland Plaza SE 19 Stanton Road × Member |X Member Address: Huntsville, AL 35801 Darien, CT 06820 Authorized Authorized Person Person Other\_\_\_\_ Other \_\_Other\_ Other\_ Maria-Elena Perez ✓ Manager Name: Manager 100 W Lucerne Circ Member Member Address: #100H Authorized ☐ Authorized Orlando, FL 02801 Person Person Other\_ Other Other\_ Other ■Manager Name: Manager Name: Member Member Address: \_\_\_\_\_ Address: \_\_\_\_\_ Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. David Randolph

Stenature of an authorized person David Randolph

Exped or printed name of signee

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FAIRHOME ADVISORS 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 NINETEENTH DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FAIRHOME

ADVISORS LLC" WAS FORMED ON THE NINETEENTH DAY OF APRIL, A.D. 2022.

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

Authentication: 203215213

Date: 04-19-22

6742951 8300 SR# 20221523142