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COVER LETTER

Advantage Advisors, LLC	
Nan	ne of Limited Liability Company
	Company for Authorization to Transact Business in Florida," Certificate ferenced foreign limited liability company to transact business in Florida,
e return all correspondence concerning this matter	to the following:
Angelia Fredricksen	
 	Name of Person
Advantage Advisors LLC	
	Firm/Company
153 Laurel Ct	
	Address
Elgin, IL 60120	
	City/State and Zip Code
afredricksen@advantagestorage.com	
E-mail address: (to b	e used for future annual report notification)
rther information concerning this matter, please ca	dl:
Angelia Fredricksen	720 307-2249
Name of Contact Person	at ()
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	



February 21, 2024

ANGELIA FREDRICKSEN 153 LAUREL CT ELGIN, IL 60120

SUBJECT: ADVANTAGE ADVISORS, LLC

Ref. Number: W24000029213

We have received your document for ADVANTAGE ADVISORS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 524A00003814

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:

reet Address of Principal Office)	153 Laurel Ct (Mailing Address)	_		_	
(Date first transacted business in Florida, if prior to registration (See sections 605.0904 & 605.0905, F.S. to determine penalty latest Address of Principal Office)	liability) 153 Laurel Ct (Mailing Address)	_		_	
730 Pinehurst Ct cet Address of Principal Office) 6.	153 Laurel Ct (Mailing Address)	_			
730 Pinehurst Ct cet Address of Principal Office) 6.	153 Laurel Ct (Mailing Address)	_			
eet Address of Principal Office)	(Mailing Address)				
Louisville CO 80027	Elgin IL 60120		6(Mailing Address)		
		Elgin IL 60120			
Erik Sommer Name:			FEB 12	·	
Office Address: 3560 SE 31 Ter		OF STATE	AH 8: 30	i []	
Ocala	34471 , Florida	TAT	30		
(City)	(Zip code)	77			

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:	■Manager	Name: Sammie Kinder
■Member	Address: 730 Pinehurst Ct	■Member	Address:
□Authorized	Louisville, CO 80027	□Authorized	Louisville, CO 80027
Person		Person	
□Other	Other	Other	Other
□Manager	Name: Andrea Kinder	□Manager	Name:
■Member	Address:	□Member	Address:
□Authorized	Hanover, MD 21076	■ Authorized	Elgin, IL 60120
Person		Person	
□Other	Other	Other	Other
ʿ□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□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.

African is	Andricks -
	Signature of an authorized person
Angelia D Fredr	icksen
 -	Typed or printed name of signer

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ADVANTAGE 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 THIRTY-FIRST DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVANTAGE"

ADVISORS, LLC" WAS FORMED ON THE FIRST DAY OF APRIL, A.D. 1997.

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

Authentication: 202711806

Date: 01-31-24