

B190000040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

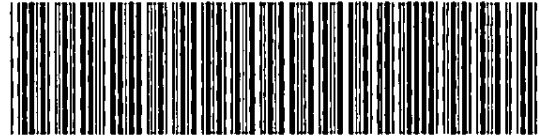
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/23/18--01030--032 **1000.00

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2019 FEB 11 A 10:34
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2018

BARBARA RUIZ-GONZALEZ
PO BOX 833059
MIAMI, FL 33283

SUBJECT: ST. CLAIR ADVISORY GROUP, LP
Ref. Number: W18000096531

We have received your document for ST. CLAIR ADVISORY GROUP, LP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 518A00022663

2019 FEB 11 PM 12:01

2019 FEB 11 PM 3:31
ST. CLAIR ADVISORY GROUP, LP
TALLAHASSEE, FLORIDA

FILED

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. ST. CLAIR ADVISORY GROUP, LIMITED PARTNERSHIP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. WYOMING

State or Country of Formation

3. 06/15/2017

Date of Formation

4. Federal Employer Identification Number: 82-3702954

5. Name of Registered Agent for Service of Process and Florida Street Address:

RONALD ST. CLAIR

709 CAPE CORAL PKWY W

CAPE CORAL, FL 33914

6. 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.

Signature of Registered Agent

7. Principal Office:

709 CAPE CORAL PKWY W

CAPE CORAL, FL 33914

8. Mailing Address:

709 CAPE CORAL PKWY W

CAPE CORAL, FL 33914

9. If limited partnership is a limited liability limited partnership, check box. ☐

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: SCA CARIB., INC.

Name of General Partner:

Street Address: 1620 Central Ave Ste 202
Cheyenne, WY 82001

Street Address:

Mailing Address: 1620 Central Ave Ste 202
Cheyenne, WY 82001

Mailing Address:

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

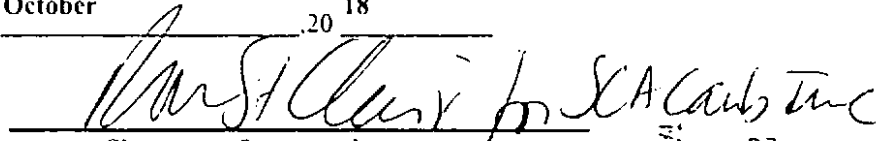
11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 18 day of October, 2018


Signature of a general partner

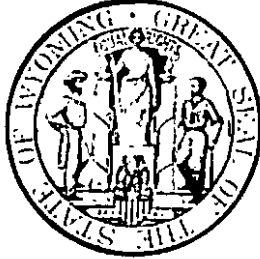
The individual signing this document affirms that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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2019 OCT 11 A 10:31
TALLAHASSEE, FLORIDA

State of Wyoming

Office of the Secretary of State



United States of America, } ss.
State of Wyoming

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING do hereby certify that according to the records of this office,

ST CLAIR ADVISORY GROUP, LIMITED PARTNERSHIP
is a
Limited Partnership

formed or qualified under the laws of Wyoming did on **June 15, 2017**, comply with all applicable requirements of this office. Its period of duration expires 12/31/2077. This entity has been assigned entity identification number **2017-000758046**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed a Certificate of Cancellation.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 15th day of November, 2018 at 8:04 AM.



Edward A. Buchanan

Secretary of State

By *Rosalie Gonzales*
Rosalie Gonzales

FILED
2019 FEB 11 A 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA