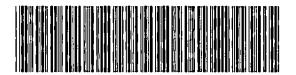
## F19000001362

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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cert W19-16457

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February 1, 2019

ANGELA BRESLIN 900 SE FEDERAL HWY, STE 321 STUART, FL 34994

SUBJECT: BOOST ADVISORY GROUP, LLC

Ref. Number: W19000010457

We have received your document for BOOST ADVISORY GROUP, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Octavia L Simmons Regulatory Specialist III

Letter Number: 019A00002372

RECEIVED
MAR 1 8 2019

## 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.

• • • • • • • • • • • • • • • • • • • •	_				
1. Boost Advisory Go (Enter name of corp "Inc.," "Co.," "Cor	roup, LLC poration; must include "INCORPORATED, p," "Inc," "Co," or "Corp,")	" "COMPANY," "CORPORATION,"			
(IC unavailah	le in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in I	Florid	a)
(II flattic unavariao					
2. Deleware		(FEI number, if applicable)			
(State or country under the law of which it is incorporated)		(rei number, it app	incutore)		
4. November 7, 2013	s 5	(Date of duration, if other t			
(Date of incorporation)		(Date of duration, if other the	nan perpetua	1)	
·	•				
6. March 1, 2019	(Data first transacted business	in Florida, if prior to registration)			
	(SEE SECTIONS 607.1501 & 607.	1502, F.S., to determine penalty liabilit	y)		
7. 900 SE Federal Highway, Suite 321 Stuart, Florida 34994 (Principal office address)				19	
	(Time	That office additions		<del></del>	
		100		- <del>-</del>	<del></del>
(Current mailing address, if different)				~	П
				_	$\overline{\Box}$
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)			ر. اسم د م	옾	
o. Mante and <u>out -</u>			2 <u>:</u>	2	
Name:	Angela Breslin	<del></del> _		3 <b>5</b>	
1 1	900 SE Federal Highway				
Office Address:	700 St. Federal Figures	<del></del>			
	Stuart	, Florida <u>34994</u>			
	(City)	(Zip code)			

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.

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

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Angela Breslin Address: 508 NW Windflower Terrace Jensen Beach FL 34957\_ Vice Chairman: Address: Director: \_\_\_ Address: \_\_\_\_\_ **5 B. OFFICERS** President: Address: Vice President: \_\_\_\_\_\_ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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.

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:41 AM 11/07/2018
FILED 11:41 AM 11/07/2018
SR 20187517727 - File Number 7137808

## STATE of DELAWARE LIMITED LIABILITY COMPANY CERTIFICATE of FORMATION

First: The name of the limited liability company is Boost Advisory Group LLC

Second: The address of its registered office in the State of Delaware is

501 Silverside Rd #345

in the City of Wilmington, DE

Zip code 19809

. The name of its Registered agent at such address is

LegalCorp Solutions, LLC

Third: (Use this paragraph only if the company is to have a specific effective date of dissolution: "The latest date on which the limited liability company is to dissolve is

Fourth: (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this

7

day of November,

O

Authorized Person

Name: Sonia Becerra

Page 1



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

DELAWARE, DO HEREBY CERTIFY "BOOST ADVISORY GROUP 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 SEVENTH DAY OF MARCH, A.D. 2019.



Authentication: 202393175

Date: 03-07-19