## F2000005096

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dunings Frank Name)
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT: PER CAPITA	ADVISORS INC		
SUBJECT.	Name of corporation - r	nust include suffix	
Dear Sir or Madam:			
"Certificate of Existence," o	by Foreign Corporation for Au r "Certificate of Good Standir reporation to transact business	thorization to Transact Business in ig" and check are submitted to regis in Florida.	Florida," ter the
Please return all corresponde	ence concerning this matter to	the following:	
ANAIS ALLAVENA			
	Name of Per	son	·
FIDUCIAL JADE INC			
	Firm/Compa	ny	
55 EAST 59TH STREET, 9TI	I FLOOR		
	Address		
NEW YORK, NY 10022			
	City/State and	Zip code	
aallavena@jade-fiducial.com			
E	-mail address: (to be used for	future annual report notification)	72
For further information cond	cerning this matter, please call	:	<del></del>
			() ()
ANAIS ALLAVENA	at (212	673-1200	
Name of Person	Area Code	Daytime Telephone Number	: - 된 - 전
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	FLORIDA DEPARTMENT O \$78.75 Filing Fee & □\$	78.75 Filing Fee & 🔲 \$87.50 l	ate 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.

	able in riorida, enter alternate corporate name ac	lopted for the purpose of transacting b	usiness in Florida	
NEW YORK	3 2	20-8888815		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
APRIL 16, 200	7			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in I	Florida, if prior to registration)		
	(SEE SECTIONS 607.1301 & 607.130	2, r.s., to determine penalty hability)		
191 913 4191 91	REET, SUITE 119, MIAMI, FL 33137	e street address)		
55 EA ST 50TH				
	11000 (01	addrdss, if different)		
	(Curion naming	madioss, it differently		
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	iil	
PATRICE LATAILLADE			i ulil	
			-	
Name:		<del></del>	1	
	151 NE 41ST STREET, SUITE 119	<del></del>	()	
Name:	151 NE 41ST STREET, SUITE 119	Florida 33137 (Zip code)		

\*(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 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.

A. DIRECTORS	•					
<b>T</b> Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:55 HAST 59TH STREET	□Vice Chairman	Address			
□Director	9TH FLOOR	□l'irrecte				
<b>■</b> President	NEW YORK, NY 10022	□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	n			
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	□Secretary		□Treasurer		
□Other	□ Other	□Other	<del></del>	Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:	279 5		
□Director	·	□Director				
□President		□President				
□Vice President		□Vice President		元 n		
☐ Secretary	Treasurer	☐ Secretary		☐ Treasurer		
□Other		□Other		□Other		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexect individuals may be added to the index when filing your Florida Department of State Annual Report form.						
12.						
Shenature 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 ne coshe is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a 817 155 168.						

## State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of PER CAPITA ADVISORS, INC. was filed on 04/16/2007, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



\*\*\*

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 04th day of March two thousand and twenty.

1.1.

Braden C Hydra

Brendan C Hughes
Executive Deputy Secretary of State