# F21000003908

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### **COVER LETTER**

то:	O: Registration Section Division of Corporations						
SUBJE	ECT:	V2 Strategic Advisors, LLC					
0000		Name of corporation - must include suffix					
Dear Si	r or M	adam:					
"Certifi	icate of	"Application by Foreign Corf Existence," or "Certificate coded foreign corporation to tra	of Good Stand	ding" and check are submi			
Please 1	return a	all correspondence concernin	g this matter	to the following:			
Lenka T	anner l	æchmanova					
		10 = 1.1.	Name of I	Person			
V2 Start	tegic A	dvisors, LLC					
			Firm/Com	pany			
900 Lin	ton Bly	d, Ste 201A					
			Addre	SS			
Delray i	Beach, l	FL 33444					
	<del>,</del>		City/State ar	nd Zip code			
lenka.le	chmanc	ova@v2sa.com					
		E-mail address:	(to be used for	or future annual report not	fication)		
For furt	ther inf	ormation concerning this ma	tter, please ca	all:			
Lenka Lechmanova 917 922-6961		922-6961					
	Name	e of Person	Area Code	Daytime Telepho	ne Number		
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			
	nake ch	check for the following amount of the control of th	PARTMENT Fee & □		\$87.50 Filing Fee. Certificate of Status & Certified Copy		

## 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.

(If name unavai	able in Florida, enter alternate corporate nam	e adopted for the purpose of transact	ting business in Florida)	
NH		20-1128661		
(State or count: 04/26/2005	ry under the taw of which it is incorporated)	(FB) number, if applicable)		
(Date of incorporation) 5		Date of duration, if othe	(Date of duration, if other than perpetual)	
01/01/2021	·		. ,	
00 Linton Blvd,	(SEE SECTIONS 607.1501 & 607. Ste 201A	1502, 1.5., to determine penarty had	may )	
		Tice street address)		
5 1 . 15 1 17	22111			
Derray Beach Fr	, 33 <del>444</del>			
Deiray Beach Fi		ing address, if different)		
	(Current mail		2	
	(Current muil et address of Florida registered agent: (P.		21	
	(Current mail et address of Florida registered agent: (P. John W Tanner		21 JUL 21 JUL 21 AND	
Name and <u>stre</u> Name:	(Current muil et address of Florida registered agent: (P.		21 JUL -6	
Name and <u>stre</u> Name:	(Current mail et address of Florida registered agent: (P. John W Tanner 315 NW 16th St	O. Box <u>NOT</u> acceptable)	-6 PE D	
Name and <u>stre</u> Name:	(Current mail et address of Florida registered agent: (P. John W Tanner 315 NW 16th St		-6 PM III	
Name and <u>stre</u> Name: fice Address:	(Current mail et address of Florida registered agent: (P. John W Tanner 315 NW 16th St  Delray Beach (City)	O. Box <u>NOT</u> acceptable)	-6 -6 EM	
Name and <u>stre</u> Name: fice Address: <b>Registered ag</b> ving been nan	(Current mail  et address of Florida registered agent: (P.  John W Tanner  315 NW 16th St  Delray Beach  (City)  ent's acceptance:  ded as registered agent and to accept services.	O. Box NOT acceptable)  . Florida 33444 (Zip code)	-6 PH : 29  ed corporation at the pl	
Name and streen Name: The Address: Registered againg been naming b	(Current mail  et address of Florida registered agent: (P.  John W Tanner  315 NW 16th St  Delray Beach  (City)  ent's acceptance:  ted as registered agent and to accept serve application, I hereby accept the appoint	O. Box NOT acceptable) , Florida 33444 (Zip code)  vice of process for the above statement as registered agent and ag	ed corporation at the place to act in this capaci	
Name and streen Name:  Sice Address:  Registered agiving been name ignated in this ther agree to contact the streen agree agree agree to contact the streen agree agree to contact the streen agree ag	(Current mail  et address of Florida registered agent: (P.  John W Tanner  315 NW 16th St  Delray Beach  (City)  ent's acceptance:  ded as registered agent and to accept services.	O. Box NOT acceptable)  . Florida 33444 (Zip code)  vice of process for the above statement as registered agent and agrelative to the proper and complexity.	ed corporation at the place to act in this capaci	
Name: Tice Address:  Registered agiving been nansignated in this other agree to contact.	(Current mail  et address of Florida registered agent: (P.  John W Tanner  315 NW 16th St  Delray Beach  (City)  ent's acceptance:  the das registered agent and to accept serve application, I hereby accept the appointmently with the provisions of all statutes	O. Box NOT acceptable)  . Florida 33444 (Zip code)  vice of process for the above statement as registered agent and agrelative to the proper and complexity.	ed corporation at the place to act in this capaci	
Name and streen Name: Tice Address: Registered agreeing been names ignated in this other agree to contact the streen agree to contact in the streen agree ag	(Current mail  et address of Florida registered agent: (P.  John W Tanner  315 NW 16th St  Delray Beach  (City)  ent's acceptance:  the das registered agent and to accept serve application, I hereby accept the appointmently with the provisions of all statutes	O. Box NOT acceptable)  . Florida 33444 (Zip code)  vice of process for the above statement as registered agent and agrelative to the proper and complexity.	ed corporation at the place to act in this capaci	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

10. Attached is a certificate 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

A. DIRECTORS							
□Chairman	Name: John W Tanner	□Chairman	Name: Lenka Tanner				
□Vice Chairman	Address: 315 NW 16th St	□Vice Chairman	Address: 315 NW 16th St				
□Director	Delray Beach FL 33444	□Director	Delray Beach FL 33444				
■President		□President					
□Vice President		■ Vice President					
☐ Secretary	□Treasurer	☐ Secretary	☐ Treasurer				
□Other	Other	□Other	Other				
	Manage						
□ Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□ Treasurer	☐ Secretary	□Treasurer				
□Other	Other	□Other	Other				
□Chai <del>rman</del>	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
□Sceretary	☐ Treasurer	☐ Secretary	Treasurer				
□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.  12. 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.



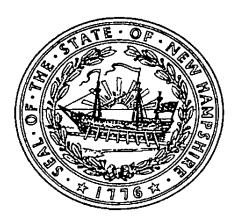
# State of New Hampshire Department of State

#### **CERTIFICATE**

1. William M. Gardner. Secretary of State of the State of New Hampshire, do hereby certify that V2 STRATEGIC ADVISORS, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on April 29, 2004. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 473535

Certificate Number: 0005394883



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 1st day of July A.D. 2021.

William M. Gardner Secretary of State