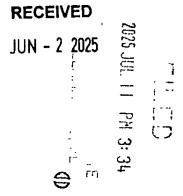
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T. LEMIEUX.

JUL 15 2025

COVER LETTER

TO:	_	tion Sec					
SURI	ECT:	avvy Adı	risors, Inc.				
3000			Name of	corporation -	must include suffix		
Dear S	ir or Mad	am:					
"Carti!	ficate of E	xistence		f Good Stand	ing" and check are sub	et Business in Florida," mitted to register the	
Please	return all	соптевро	ondence concerning	g this matter to	the following:		
Kristic	Thrash						
				Name of Po	erson		
Savvy	Advisors,	Inc.					
			<u> </u>	Firm/Comp	any		
169 M	ladison Ave	:. #234 5					
		-		Addres	s		
New Y	ork, NY 1	0016					
				City/State and	l Zip code		
savvyz	dvisors@s	ю дрр					
			E-mail address:	to be used for	r future annual report r	otification)	
For fu	rther info	mation o	concerning this man	ter, please cai	ll:		
Kristin Thrash		305	204-6005				
	Name o	f Person		Area Code	Daytime Telepl	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			tion torations allahassee Street, Suite 810	:	Registration S Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please		k payable	to: FLORIDA DEF 578.75 Filing Certificate of	PARTMENT (Fcc & □	DF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	



June 6, 2025

KRISTIN THRASH 169 MADISON AVE #2345 NEW YORK, NY 10016

SUBJECT: SAVVY ADVISORS, INC.

Ref. Number: W25000077398

We have received your document for SAVVY ADVISORS, INC. and your check(s) totaling \$70.00. 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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 325A00012206

RECEIVED

JUL 1 1 2025



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under the law of which it is incorporated.

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 name ad				
Delaware	3. 8	8-0899347			
	y under the law of which it is incorporated)	(FEI number, if applicable)			
02/16/2022	5				
(Date	e of incorporation)	(Date of duration, if other than perpetual)			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)		ility)		
900 Broadway S	uite 202, New York, NY 10003				
LGO V facilism Av	(Principal office e. #2345 New York, NY 10016	street address)			
102 Madison 20					
102 Madison Av		address, if different)			
	(Current mailing				
			2025		
Name and stre	(Current mailing et address of Florida registered agent: (P.O.		2025 JUL		
Name and stre	(Current mailing et address of Florida registered agent: (P.O. Universal Registered Agents, Inc. 1317 California Street Tallahassee	Box <u>NOT</u> acceptable)	2025 JUL 11		
Name and stre	(Current mailing a cut address of Florida registered agent: (P.O. Universal Registered Agents, Inc. 1317 California Street	Box NOT acceptable)			
Name and stre Name: office Address:	(Current mailing et address of Florida registered agent: (P.O. Universal Registered Agents, Inc. 1317 California Street Tallahassee (City)	Box NOT acceptable)	P. 4 3:		
Name and stre Name: ffice Address: Registered ag	(Current mailing and address of Florida registered agent: (P.O. Universal Registered Agents, Inc. 1317 California Street Tallahassee (City) ent's acceptance: med as registered agent and to accept service	Box NOT acceptable)	ည် ယ္ ed copporation at the p		
Name and stre Name: Office Address: Registered aglaving been nan esignated in this	(Current mailing et address of Florida registered agent: (P.O. Universal Registered Agents, Inc. 1317 California Street Tallahassee (City)	Box NOT acceptable) , Florida 323()4 (Zip code) of process for the above state at registered agent and aguitive to the proper and comple	ယ္ ed co p poration at the p ree M act in this capac		

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

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

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A. DIRECTORS								
⊏Chairman	Name: Ritik Malhorra	□Chairman	Name					
⊒Vice Chairman	Address:	□ Vice Chairman	Address:					
■ Director	New York, NY 10016	□Director						
■President		□President						
□Vice President	<u></u>	□ Vice President						
∑ Secretary	☐ Treasurer	Secretary		_Treasurer				
□Other		□Other		□Other				
□Chairman	Name:	⊒Chairman	Name:					
⊏Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		□Director						
□President		□President						
□Vice President		□ Vice President						
□ Secretary	☐ Treasurer	□ Secretary		□Treasurer				
⊡Other		Other	- 					
⊒Chairman	Name:	□Chairman	Name:					
□ Vice Chairman	Address:	⊡Vice Chairman	Address:					
Director		_Director	 					
President		□President						
□ Vice President		□Vice President						
☐ Secretary	□ Treasurer	☐ Secretary		□Treasure:				
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								
/ 	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.								
13. Ritik Malhotra, President and CEO								



Page 1

Delaware The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAVVY ADVISORS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF JUNE, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAVVY ADVISORS, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF FEBRUARY, A.D. 2022.

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

Charuni Patibanda-Sanchez, Secretary of State Authentication: 204073045

C. G. Sanchez

Date: 06-30-25

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