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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

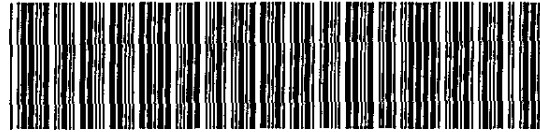
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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**CORPORATE
OFFICE**

3261 US HWY
441/27 NORTH
SUITE F-2
FRUITLAND
PARK, FL
34731

VOICE
800-804-3394

FACSIMILE
775-796-7870

**MAILING
ADDRESS**

614 EAST
HWY 50: #112
CLERMONT,
FL 34711

April 13, 2004

State of Florida
Division of Corporations, LLC Department
409 East Gains Street
Tallahassee, FL 32399

To Whom It May Concern

**AFFILIATED
OFFICES:**

ATLANTA

EAST
NORTHPORT

NEW YORK

WILMINGTON

We wish to file for "Authorization To Transact Business In Florida". Please find enclosed

- Our completed application
- Certificate of Existence as requested
- Payment of all applicable fees.

Please forward all documentation to our mailing address.

Best Regards,

A handwritten signature in black ink, appearing to read "Cary A. Carbonaro".

Cary A. Carbonaro

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. NATIONAL ADVISORS NETWORK, LLC
(Name of foreign limited liability company)

2. DELAWARE 3. 27-0056745
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 9/14/2001 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. MAY 1 2004
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 3261 US HWY 441/27 N. STE F2
FRUITLAND PARK, FL 34731
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

CARY A. CARBONARO - SAME AS ABOVE

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: REGISTERED

INVESTMENT ADVISOR

Cary Carbonaro

Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CARY A. CARBONARO

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

National Advisors Network, LLC

2. The name and the Florida street address of the registered agent and office are.

Duane B. Bishoff, CPA

(Name)

3409 West Fletcher Avenue

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tampa, FL 33617

FL

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Duane B. Bishoff CPA
(Signature)

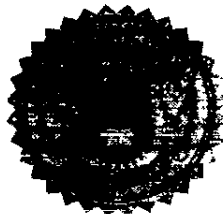
\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATIONAL ADVISORS NETWORK, 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 EIGHTEENTH DAY OF MARCH, A.D. 2004.



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040163860

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2997952

DATE: 03-18-04