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(Requestor's Name)	
(Address)	<u> </u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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TECHTAL STATES

TRANSMITTAL LETTER			
TO: Registration Section Division of Corporations			
SUBJECT: Fairview Advisors, LLC			
(Name of Limi	ited Liability Company)		
The enclosed "Application by Foreign Limited Lia Florida," Certificate of Existence, and check are su liability company to transact business in Florida			
Please return all correspondence concerning this m	natter to the following:		
Elliott Singer			
(Nar	me of Person)	~ ~	
		2005 MAR SECRET	
Fairview Advisors, LLC		AR III	
(Fir	m/Company)	28 × 28	
		RA _	
5150 N. Tamiami Trail, Suite 304			
	(Address)	<u>.</u> 5	
		ω	
Naples, FL 34103			
(City/Sta	ate and Zip Code)		
For further information concerning this matter, plea	ase call:		
Elliott Singer	at (²³⁹) ²¹³⁻¹¹⁰⁷		
(Name of Person)	(Area Code & Daytime Telephone No	umber)	
STREET ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
409 E. Gaines Street	P.O. Box 6327		
Tallahassee, Florida 32399	Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing F Status Certified Copy of State	Fee, Certificate us & Certified Copy	

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.	Fairview Advisors, LLC	
	(Name of Foreign Limited Liability Company)	
	Delaware 3. 59-3740755	
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.	(Date of Organization) 5. Decetua (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	8100101	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	5150 N Tamiami Trail, Naples, FL 34103	
	AR 28	TOTAL SERVICE
	(Street Address of Principal Office)	
8.	If limited liability company is a manager-managed company, check here	المناطقة أحدم المناطقة المناطقة
9.	The name and usual business addresses of the managing members or managers are as follows:	
	Elliott Singer	
	Ton wainert > Same as above	
	Steve Streman	
the	 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a enslation of the certificate under oath of the translator must be submitted.) 	rds in
11	1. Nature of business or purposes to be conducted or promoted in Florida:	
	Financial Consulting	
	6 M lan	
	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.)	
	Elliott Singer	
	Typed or printed hame 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:
	Fairview Advisors LLC
2	The name and the Florida street address of the registered agent and office are:

2. The hame and the Florida sheet address of the registered agent and office are.

5150 N Tarkianti Trail Suite
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Naples FL 34104

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, Florida Statutes.

(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

PAGE 1

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FAIRVIEW ADVISORS, 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 TWENTY-FOURTH DAY OF MARCH, A.D. 2005.

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



Harriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3767000

DATE: 03-24-05

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