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

#### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Corporate Financial Managers, LLC			
(Name of Limited Liability Company)			
	mited Liability Company for Authorization to Transact Business in eck are submitted to register the above referenced foreign limited Florida		
Please return all correspondence concerni			
Karen S. Simches	7. 8		
	(Name of Person)  (Firm/Company)		
	(Firm/Company)		
7 Humphrey St	Dr.		
	(Address)		
Wakefield, MA 0188	0		
(City/State and Zip Code)			
For further information concerning this m	atter, please call:		
Edward H. Simches	at ( 781 ) 308-4916		
(Name of Person)	(Area Code & Daytime Telephone Number)		
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amo  ☐\$125.00 Filing Fee  \$\sqrt{\$}\$130.00 Filing Fee			

### 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:

LL	WITED LIABILITY COMPANY TO TRANSACT DUSINESS IN THE STATE OF PLONIDA.				
l.	Corporate Financial Managers, LLC				
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")				
C	Corporate Financial, LLC				
co	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written busent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C.," "LLC.")				
2.	Delaware 3. 26-0671700				
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)				
4.	08/07/07 5. perpetual				
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")				
6.	n/a				
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)				
7.	1220N.Market St Suite 806				
	Wilmington, DE 19801				
	(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:					
	Edward H. Simches, Managing Member				
	8180 Boat Hook Loop #314				
	Windermere, FL 34786				
the	). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a anslation of the certificate under oath of the translator must be submitted.)				
1	1. Nature of business or purposes to be conducted or promoted in Florida: Financial and tax				
	services for business entities.				
	Alines				
	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.)  Edward H. Simches				

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.

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

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CORPORATE FINANCIAL MANAGERS, 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 EIGHTH DAY OF OCTOBER, A.D. 2008.

8300

080999429

Harriet Smith Windsor, Secretary of State AUTHENTICATION: 6901144

DATE: 10-08-08

You may verify this certificate online at corp.delaware.gov/authver.shtml