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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	ASTUTANT CAPITAL MANAGEMENT LLC
	Name of Limited Liability Company
The enclosed "Ap Existence, and ch	oplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of neck are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all o	correspondence concerning this matter to the following:
	ARUN PARAMESWARAN, CPA
•	Name of Person
	ASTUTANT GROUP
	Firm/Company
	1430 ROYAL PALM SQUARE BLVD, STE 103
	Address
	FORT MYERS, FL 33919
	City/State and Zip Code
_	aruniyer@astutant.com E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
	nation controlling and matter, press cann
 	ARUN PARAMESWARAN at (239) 481-5800 X11 Name of Person Area Code & Daytime Telephone Number
	, · ·
	NG ADDRESS: STREET ADDRESS: Of Corporations Division of Corporations
	tion Section Registration Section
P.O. Box	The state of the s
i ananas	rsee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a c	check for the following amount:
\$125.	00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certified Copy



February 3, 2010

ARUN PARAMESWARAN CPA 1430 ROYAL PALM SQUARE BLVD., STE. 103 FORT MYERS, FL 33919

SUBJECT: ASTUTANT CAPITAL MANAGEMENT LLC

Ref. Number: W1000005529

We have received your document for ASTUTANT CAPITAL MANAGEMENT LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6967.

Letter Number: 810A00002794

Leslie Sellers Regulatory Specialist II



North Ft. Myers (239) 997-1600 Cypress Lake Dr. (239) 985-0941 San Carlos Blvd. (239) 466-6200 Cape Coral Pkwy. (239) 945-4939

WWW.BUDGETAX.COM

Toll Free 1-866-569-8291

March 3, 2010

LESLIE SELLERS REGULATORY SPECIALIST II DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

SUBJECT: ASTUTANT CAPITAL MANAGEMENT LLC

Ref. Number: W10000005529

Attached is the certificate of good standing from the state of Delaware for ASTUTANT CAPITAL MANAGEMENT LLC.

If you have any questions concerning the document, please call (239) 481-5800.

Arun Parameswaran, CPA

1430 Royal Palm Square Blvd., Ste 103

Fort Myers, FL 33919

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 RUSINESS IN THE STATE OF FLORIDA:

LAIV	VILLE LIABILITY COVIDANT TO TRAINSACT BOSHVESS IN THE STATE OF FEORIDA.	
1.	ASTUTANT CAPITAL MANAGEMENT LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
	ASTUTANT WEALTH MANAGEMENT LLC	
con	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability purpany," "L.L.C," "LLC.")	
2.	DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
4.	01/22/2010 (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	NOT APPLICABLE	
0.	NOT APPLICABLE (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	1430 ROYAL PALM SQUARE BOULEVARD, SUITE 103	
	FORT MYERS, FL 33919-1071 (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:	
	ARUN PARAMESWARAN	
	1430 ROYAL PALM SQUARE BLVD, SUITE 103	
	FORT MYERS, FL 33919	
the tran	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receiptristiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relation of the certificate under oath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: INVESTMENT	ords in
	ZS =	
	ADVISORY AND MANAGEMENT SERVICES	77
	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 aftermation under the penalties of perjury that the facts stated herein are true.)	
	ARUN PARAMESWARAN SA STATE OF	<u> </u>
	Typed or printed name of signee	1

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:		
ASTUTANT CAPITAL MANAGEMENT LLC		
If unavailable, the alternate to be used in the state of Florida is:		
ASTUTANT WEALTH MANAGEMENT LLC		
2. The name and the Florida street address of the registered agent and office are:		
BUDGETAX CORPORATION		
(Name)		
1430 ROYAL PALM SQUARE BLVD, SUITE 103		
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
FORT MYERS, FL 33919		
City/State/Zip		
Having been named as registered agent and to accept service of process for the above stat liability company at the place designated in this certificate, I hereby accept the appointment agent and agree to act in this capacity. I further agree to comply with the provisions of all relating to the proper and complete performance of my duties, and I am familiar with and obligations of my position as registered agent as provided for in Chapter 608, Florida States (Signature)	nt as re l statute accept	egisterea es
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent	SECRE!	10 MAR

Certified Copy (optional)

Certificate of Status (optional)

\$ 30.00

\$ 5.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ASTUTANT CAPITAL MANAGEMENT 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 NINETEENTH DAY OF FEBRUARY, A.D.

2010.

4780187 8300

100139971

AUTHENTICATION: 7823083

DATE: 02-19-10

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