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| (Re                     | equestor's Name)   |             |  |  |
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| (Ac                     | ldress)            |             |  |  |
| (Ci                     | ty/State/Zip/Phone | e #)        |  |  |
| PICK-UP                 | ☐ WAIT             | MAIL        |  |  |
| (Bu                     | ısiness Entity Nar | ne)         |  |  |
| (Document Number)       |                    |             |  |  |
| Certified Copies        | Certificates       | s of Status |  |  |
| Special Instructions to | Filing Officer:    |             |  |  |
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| Divis           | sion of Corporations  |               | •  |                 |             | General St.                 | • | <b>1</b> |
|-----------------|---|---------------|--|-----------------|-------------|-----------------------------|---|----------|
| SUBJECT: _      | Manhattan Fina  | ancial A      | dvisors, LLC   | ;               |             |                             |   |          |
|                 |   | Name of       | f Limited Liability Co   | mpany           |             |                             |   |          |
|                 | "Application by Foreign Limitel check are submitted to registe        |               |  |                 |             |                             |   |          |
| Please return a | all correspondence concerning   | this matter   | to the following:  |                 |             |                             |   |          |
|                 | Krystol L. Rappuhn  |               |  |                 |             |                             | • |          |
|                 |   |               | Name of Person   |                 |             |                             |   |          |
|                 | Law Office of K. L. R   | Rappuhn       |  |                 |             |                             |   |          |
|                 |   |               | Firm/Company   |                 |             |                             |   |          |
|                 | 55 E. Long Lake Ro  | oad, #20      | )4   |                 |             |                             |   |          |
|                 |   |               | Address  |                 |             |                             |   |          |
|                 | Troy, MI 48085-473  | 38            |  |                 |             |                             |   |          |
|                 |   | Ci            | ty/State and Zip Code  | 3               |             |                             |   |          |
|                 | krystol_rappuhn@  | yahoo         | .com   |                 |             |                             |   |          |
|                 |   |               | used for future annua  | ıl report 1     | notificatio | on)                         |   |          |
| For further inf | ormation concerning this matte  | er, please ca | ıll:   |                 |             |                             |   |          |
| Krys            | stol Rappuhn  |               | at ( 248   | <sub>)</sub> 64 | 5-540       | 0                           |   |          |
|                 | Name of Person  |               | Area Code & Daytin   | ne Teleph       | ione Num    | lber                        |   |          |
|                 | LING ADDRESS: ion of Corporations                                     |               | REET ADDRESS: vision of Corporation                            | s               |             |                             |   |          |
| Regis           | tration Section   | Re            | gistration Section   | -               |             |                             |   |          |
|                 | Box 6327<br>hassee, FL 32314  | 26            | ifton Building<br>61 Executive Center (<br>llahassee, FL 32301 | Circle          |             |                             |   |          |
|                 | a check for the following<br>00 Filing Fee \$130.00 Fi<br>Certificate | iling Fee &   | \$155.00 Filing F<br>Certified Copy                            | ee & [          |             | ) Filing Fee, us & Certifie |   |          |

## 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. Manhattan Financial Advisors, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")   |
|--|
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")  |
| 2. Michigan  (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)  |
| company is organized)  4. April 17, 2012  (Date of Organization)  5. 15 years  (Duration: Year limited liability company will cease to exist or "perpetual")   |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  |
| 7. Remo Polselli, 55 E. Long Lake Road, #204, Troy, MI 48085-4728 全点 工   |
| (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:   |
| Remo Polselli  EE E Long Lake Bood, #204   |
| 55 E. Long Lake Road, #204  Troy, MI 48085-4738  |
| 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 ranslation of the certificate under oath of the translator must be submitted.) |
| 11. Nature of business or purposes to be conducted or promoted in Florida: Own and manage real estate.   |
| Gem bolak  |
| 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  |

Typed or printed name of signee

Remo Polselli, Member

penalties of perjury that the facts stated herein are true. I am aware that any 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.)

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

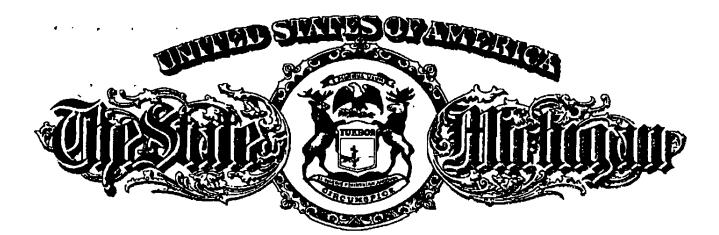
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability Company is:                                   |  |
|--|--|
| Manhattan Financial Advisors, LLC  |  |
| If unavailable, the alternate to be used in the state of Florida is:               |  |
| 2. The name and the Florida street address of the registered agent and office are: |  |
| Remo Polselli  |  |
| (Name)   | —————————————————————————————————————— |
| 7557 West Sand Lake Road, #156   | F SECRE                                |
| Florida Street Address (P.O. Box NOT ACCEPTABLE)                                   |  |
| Orlando FL 32819   | ARY OF S                               |
| City/State/Zip   | I: 13                                  |

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)





This is to Certify That

## MANHATTAN FINANCIAL ADVISORS, LLC

was validly organized on April 18, 2012 as a Limited Liability Company. Said Limited
Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission D7611L In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 18th day of April, 2012

<del>v</del> – ()

Bureau of Commercial Services