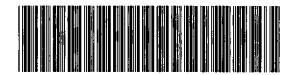
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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SEP 18 2015

#### **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJE	SMART WEALTH INVESTORS LLC					
		Limited Liability Company				
		pany for Authorization to Transact Business in Florida," Certificate of enced foreign limited liability company to transact business in Florida				
Please	return all correspondence concerning this matter to the	following:				
	LUIS	PUENTES				
	N	ame of Person				
	SMART WEALTH INVESTORS LLC					
Firm/Company						
3530 MYSTIC POINTE DR #715						
Address						
	AVENTURA/FL 33180					
	City/S	ate and Zip Code				
	LUIS.A.PUEN	TES@GMAIL.COM				
	E-mail address: (to be used	for future annual report notification)				
For furt	her information concerning this matter, please call:					
	LUIS PUENTES	954 8041359 at ( )				
	Name of Contact Person	Area Code Daytime Telephone Number				
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclose	d is a check for the following amount:  □ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy				



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 16, 2015

LUIS PUENTES 3530 MYSTIC POINTE DR #715 AVENTURA, FL 33180

SUBJECT: SMART WEALTH INVESTORS LLC

Ref. Number: W15000060826

We have received your document for SMART WEALTH INVESTORS LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

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.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 615A00019545

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

SMART WEALT	H INVESTORS LLC		
(Name of For	eign Limited Liability Company; must include	Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter a Liability Company," "L.L.C,		ting business in Florida. The alternate name must in	nclude "Limited
,	E OF NEVADA 3.	47-4887046	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4	(Date first transacted business in Floric	la il prior to registration	
5. 2360 CORPORATE C	(Date first transacted business in Floric (See sections 605.0904 & 605.0905, F.S. CIRCLE STE 400	to determine penalty liability)	·
HENDERSON, NV, 8	9074		
	(Street Address of Principal O	Mice)	
6. 3530 MYSTIC POINT	E DR #715		
AVENTURA, FL, 331			5
	(Mailing Address)		2
7. Name and street address	ss of Florida registered agent: (P.O. Box N	IOT acceptable)	
Name:	LUIS PUENTES		
Office Address:	3530 MYSTIC POINTE DR #715		
	AVENTURA	, Florida <u>33180</u>	
Registered agent's accep	(City)	(Zip code)	
designated in this applica to complywith the provisi	tion, I hereby accept the appointment as rons of all statutes relative to the proper an my position as registered agent.	cess for the above stated limited liability compenies for the above stated limited liability compenies for the capacity camplete performance of my duties, and I and I are signature)	ity. I further agree
8. The name, title or capa	acity and address of the person(s) who has/h	nave authority to manage is/are:	
CATALINA DALLOS - I	MANAGING MEMBER - 2999 DOUGLA	S BLVD STE 210, ROSEVILLE, CA,95661	
LUIS PUENTES - MANA	AGING MEMBER - 2360 CORPORATE O	CIRCLE STE 400, HENDERSON, NV, 89074	<del></del>
			_
9. Attached is a certificate urisdiction under the law of the translator must be so	of which it is organized. (If the contincate):	y authenticated by the official having custody of the cert ,	- of records in the ificate under oath
	Signature ov an autho	orized person	
This document is executed submitted in a document to	I in accordance with section 605.0203 (1) (b) the Department of State constitutes a third	), Florida Statutes. I am aware that any false in degree felony as provided for in s.817.155, F.S	formation 5.
	LUIS PUENTE		

Typed or printed name of signee



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, SMART WEALTH INVESTORS LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 25, 2015, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 18, 2015.

Ballara K. Cegarste

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20150918-0160
You may verify this electronic certificate
online at http://www.nvsos.gov/