

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL

Account Number: 110432003053 Phone: (561)694-8107 Fax Number: (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please \*\*

Email Address:

### Foreign Limited Liability Company Element Pointe Advisors, LLC

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TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

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#### COVER LETTER

: T. T.	Element Pointe Advisors, LLC					
BJE	GT: Name of I	Imited Liability Co	mpany			
e en isten	closed "Application by Foreign Limited Liability Comp ce, and check are submitted to register the above refere	any for Authorizationed foreign limited	on to Transact Business in Florida," Cettifi Hiability company to transact business in F			
asc .	return all correspondence concerning this matter to the	following:				
	Marisa L. Tach					
	Ni	Name of Person				
	Hamburger Low Firm LLC					
	Firm/Company					
	61 W. Palisade Avenue					
	Address					
	Englewood, NJ 07631					
	City/State and Zip Code					
	mtuch@hamburgerlaw.com					
	E-mail address: (to be itsue	for future annual r	eport notification)			
r fur	ther information concerning this matter, please call:					
	Moriso L. Tuch	201 nt (	705-1224			
	Name of Contact Person	Area Code	Daytime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassoo, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
clos	ed is a check for the following amount:  □ \$125,00 Filing Fee □ \$130,00 Filing Fee &	□ \$155100 Filing	Feé & S160.00 Filing Fee, Certifica			

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

, Element Pointe Advise	SINESS INTLE STATE OF FLORIDA: is, LLC tign Limited Liability Company: must include "	Limited Liability Company, "LLC," or "LLC."	
Linbility Company," "L.L.C.	llumate name adopted for the purpose of transact or "LLC.")	ting business in Florido. The alturnate name must i	naludo "I linited
2. Dolaware			
(Initialization under the law company is organized)  Manager 2, 2016	ni which loreign limited limility	(FEI number, if applicable)	
4. March 3, 2010	(Pato tirst transacted business in Florid (See sections 605,0904 & 603,0905, F.S.	la, if prior to registration.) to determine penalty liability)	
5. 40 SW 13th Stroot, Su	ile 70)		
Minmi, FL 33130			201 FA
Z Same as above	(Street Address of Principal O	mee)	
6. 54110 24 10000		The state of the s	2016 MAR
	(Mailing Address)		一数三百
7. Name and street addre	st of Florida registered agent; (P.O. Box )	(OT acceptable)	ત્વિંટ જ
Name:	Paracorp Incorporated		
Office Address:	155 Office Plaza Drive, 1st Floor		
	Tallahassee	, Florida 32301	
Registered agent's acces	(Clis)	(Zip code)	
Having been named as re dasignated in this applica to complywith the provisi	egistered agent and to accept service of pro than, I hereby accept the appointment as t	ncess for the above stated limited liability con egistered agent and agree to uct in this vapa ed complete performance of my duties, and I	diy. I further agree
	(Registered agent	s signature)	
•	acity and address of the person(s) who has/ cominguez,Managers	have sutharity to manage is/are:	
40 SW 13th Street, Suite	701		
Miami, FL 33130			
	of which it is organized. (If the certificate in homitted)	ly authenticated by the official having austody s in a foreign language, a translation of the ce	
	Signature of an muth	y ·	
	Signature of the much	grazes person	
This document is executed submitted in a document to	d in accordance with section 605.0203.(1) (	<ul> <li>b), Florida Statutes, I am aware that any false is I degree followy as provided for in s.817,155, F</li> </ul>	nformation .S.
	David Savir and Carles Dominguez		

Typed or printed name af signed

2016 MAR 10 AM 9: 47

PALLAHASSEE, PLORINA PAGE 04/05

#### STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

DATE: 3/9/2016

ENTITY NAME: Element Pointe Advisors, LLC

#### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

Ninh Ho, Assistant Secretary

Paracorp Incorporated

# Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ELEMENT POINTE 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 THIRD DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ELEMENT POINTE ADVISORS, LLC" WAS FORMED ON THE FOURTH DAY OF JANUARY, A.D. 2016.

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

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James W. Bulleton, Secretary of State

5927156 8300
SR# 20161482302
You may verify this certificate online at corp.delaware.gov/autiver.shtml

Authentication: 201928855

Date: 03-03-16