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(((H15000283528 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BAND LAW GROUP, PL.

Account Number : 120090000020

Phone Fax Number : (941)917-0505 : (941)917-0506

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

Foreign Limited Liability Company ComAdvisors, LLC

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December 2, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BAND LAW GROUP, LLC

SUBJECT: COMADVISORS, LLC

REF: W15000077711

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florids.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L14000179054.

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.

Yasemin Y Sulker Regulatory Specialist II FAX Aud. #: H15000283528 Letter Number: 415A00025184

2016 APR 15 PM 1: 56

P.O BOX 6327 - Tallahassee, Florida 32314

SECRETARY OF STATE

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P.003/005

Audit #(((H15000283528 3)))

Jennifer S. Renforth 3387 Kenmore Drive Sarasota, Fl 34231

4/13/2016

Via: Facsimile

Registration Section Division of Corporations P.O. Box 6327 Tailahassee, Florida 32314

Re: C

COM ADVISORS, LLC

Document Number: L14000179054

Dear Sir or Madam:

Please be advised that I have no intention to reinstate the above mentioned limited liability company and that another entity may use and file for the name ComAdvisors, LLC.

If you have any questions, please contact me.

Sincerely,

Jennifer S. Renforth, as Manager of Com Advisors, LLC

Audit #(((H15000283528 3)))

Audit # (((H15000283528 3)))

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

IN COMPLANCE WITH SEX.	TKON 605.0902 FLORIDA STATUTI USINESS IN THE STATE OF FLORID	SS THE. W	FOLLOWING I	S SUBMITTED TO REGISTER A FORD	DON LIMATED LIMBILITY
ComAdvisors, LLC					
(Name of For	elgn Limited Liability Company; m	ust inclu	uda "Limited Li	ability Company,""LL,C,," or "LLC	
(If name unavailable, enter a Liability Company," "L.L.C,	ternate name adopted for the purpo " or "LLC.")	se of tra	ensecting busine	es in Florida. The alternate name mu	st include "Limited
2. Doloware		3.	47-5633937		
(Jurisdiction under the law company is organized)	of which foreign limited liability			(PEI number, Il applicable)	
4	(Date (Irst transacted busin	ess in F	lorida, if prior i	o registrat(on.)	5
. One South School Ave	(See socilors 605,0904 & 60; nua, Suita 500	5.0905,	F.S. to determin	so penalty liability)	16 APR I
Sarasota, FL 34237			· · · · · · · · · · · · · · · · · · ·		7 7
 .	(Street Addrass of	Princip	al Office)		
6. One South School Ave	nue, Suite 500				呈
Sarasota, FL 34237					110: 02
	(Melling	Address	3)	•	02
7. Name and street addres	g of Florida registered agent: (F	'.O. Bo	x <u>NOT</u> accep	table)	
Name:	Gregory S. Band, Esq.				
Office Address:	One South School Avenue, Su	ite 500	ı	_	
	Sarasola			, Florida <u>34237</u>	
Registered agent's accept	(City)			(Zip code)	
designated in this application complywith the provision	tion, I hereby accept the appoint ons of all statutes relative to the my position as registered agent.	ilment (propei	as registered o	ie above stated limited liability c agent and agree to act in this cap e performance of my dutles, and	acity. I further agree
8. The name, title or capa Raj Domisamy, Manager	oity and address of the person(s) who h	ns/have autho	rity to manage is/are:	
4545 Mariotti Ct., Unit J			····		_
Sarasota, FL 34233					
	of which it is organized. (If the committed)	ertifica	ite is in a forei	cated by the official having custor ga language, a translation of the c	
	the Department of State constitu			Statutes. I am aware that any false ony as provided for in \$,817,155,	
	Raj Doraisamy, as Manager	nrinted -	name of signes	· · · · · · · · · · · · · · · · · · ·	
	i shed but	primited t	STATE OF BUILDING		

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Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "COMADVISORS, 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 FOURTEENTH DAY OF APRIL, A.D. 2016.

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

15 M 10: 02

5835166 8300

SR# 20162300957

You may verify this certificate unline at corp.delaware.gov/authver.shtml Audit #(((H15000283528 3)))

JAMES W. BARRIL, SECTRICTY of SEAR

Authentication: 202149506

Date: 04-14-16