1117000002690

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

Office Use Only



200297065852

17 NAC 29 AM 8: 40

RECEIVED

O SIMMONS MAR 3 0 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 574609 7982721
AUTHORIZATION :
COST LIMIT : \$ 125.00
ORDER DATE: March 29, 2017
ORDER TIME: 10:13 AM
ORDER NO. : 574609-005
CUSTOMER NO: 7982721

FOREIGN FILINGS
NAME: CTC ADVISORS, LLC
XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY

EXAMINER:

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

, CTC ADVISORS, LL	COUNTED IN THE STATE OF PEDALDA C	<u>.</u>				
	eign Limited Liability Company; mus	st includ	le "Limited Liability	y Company,	" "L.L.C.," or "LI	.c.')
(If name unavailable, enter a Liability Company," "L.L.C,	lternate name adopted for the purpose	e of tran	sacting business in	Florida. The	e alternate name n	nust include "Limited
2. DELAWARE	, 0. 220, ,	_	82-0966423			
2. 3. (FEI number, if applicable company is organized)						
MARCH 21, 2017						
T.	(Date first transacted busine (See sections 605.0904 & 605.	ss in Flo 0905, F	orida, if prior to regi	istration.)	v)	
5. 1221 BRICKELL AV			•	<u></u>		- =
MIAMI, FL 33131						17 Min 29
·	(Street Address of P	'rincipa	l Office)	· · · -	· · · · · · · · · · · · · · · · · · ·	73
6. 1221 BRICKELL AVI	ENUE, SUITE 2660				· · · · · · · · · · · · · · · · · · ·	ن ا
MIAMI, FL 33131						
	(Mailing A	Address)				, p
7. Name and street address	ss of Florida registered agent: (P.	O. Box	NOT acceptable)		
Name:	Corporation Service Company					
Office Address:	1201 Hays Street		 			
	Tallahassee		. F	lorida 323	01	
	(City)		, -		(Zip code)	
designated in this applica to complywith the provisi	gistered agent and to accept serv stion, I hereby accept the appoints ons of all statutes relative to the p my position as registered agent. Corporation Service Compan	ment a proper	s registered agent	and agree	e to act in this co	spacity. I further agree ad I am familiar with and
	By: (Registe	701.	nt's signature)			
					Asst. Vice	President
8. The name, title or capa	acity and address of the person(s)	who ha	s/have authority to	o manage i	is/are:	
THOMAS STAZ, MANA	AGER 1221 BRICKELL AVE, SU	JITE 20	660, MIAMI, FL	33131		
		*	1			
	of existence, no more than 90 day of which it is organized. (If the coubmitted)	pifica	e is in a foreign la			
This document is executed submitted in a document to	I in accordance with section 605.0 the Department of State constitut	203 (1) tes a thi) (b), Florida Statu ird degree felony a	ites. I am a	ware that any fal	se information 5, F.S.
	THOMAS STAZ, MANAGER		2, -			

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CTC 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 TWENTY-NINTH DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CTC ADVISORS, LLC" WAS FORMED ON THE NINETEENTH DAY OF OCTOBER, A.D. 2016.

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

The state of the s

Authentication: 202285417

Date: 03-29-17

6187904 8300 SR# 20172094563