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COVERLETTER

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	CT:		Name of	Limited Liability (
The enc Existenc	losed "A	Application by For theck are submitte	eign Limited Liability Comp d to register the above refer	oany for Authoriza enced foreign limi	ition to Tra ted liability	insact Business in Florida," Certi y company to transact business in	
Please re	eturn ail	l correspondence o	concerning this matter to the	following:			
		Terence E Fox					
			7	ame of Person			
		TEF Advisors,	LLC				
		*	F	ілп/Сопірапу			
		341 See Oak D	rive	•			
				Address			
		Indian River Si	hores, FL 32963				
		City/State and Zip Code					
		erryfox@bg-hol				a page mai a representa a della del	
			E-mail address: (to be use	d for future annua	l report no	iffication)	
For furt	her into	msation concernin	g this matter, please call:				
	Teren	ce E. Fox		203	594-00		
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FULLOWING IS SUBMITTED TO REGISTER A FOREKSY. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDAY 1. TEF Advisors, LLC (Same of Foreign Linuted Unbility Company; must include "Limited Liability Company," (If more ones admits, court shource tome adopted for the purpose of translating basic on a Fhanda. The alternate many must unduste "Limited Labbity, Company," "L.L.C." or "LLC.") 2 Delaware (Lanadarting under the law of which through limited hability correspons is organized) (FFI menter, if applicable) 341 Sea Oak Driva (States Address of Francipal Office) (Mailing Milere) Indian River Shores, FL 32963 Indian River Shores, FL 32963 7. Name and street address of Florida registered agent: (P.O. Box NO1 acceptable) Terence E. Fox Name: 341 Sea Oak Drive Office Address: Indian River Shores Registered agent's acceptance: 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 application. 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered ogent. Terence E. Fox (Registered spect (signature) 8. The name, title or capacity and address of the person(s) who has have authority to manage is/are: Title or Capacity: Name and Address: Title or Canacity: Name and Address: Linda M. Fox Terence E. Fox Member 341 Sea Oak Drive 341 Sea Oak Drive Indian River Shores, Indian River Shores. 32963 1: (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly audienticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes, 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 \$.817.155, F.S. Nigrature of an authorized reveal Tesence E. Fox Event or meated name of owner

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "TEF 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 NOVEMBER, A.D. 2017.

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

11.

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Date: 11-29-17