# M 18 00001629

(Requestor's Name)
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T. CLINE
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EXAMINER

## SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 8/17/2018	_	<b>₩WALK</b>	<i>[</i> N##
ENTITY NAME_C2P	CAPITAL ADVISORY GROUP, LLC	·	
DOCUMENT NUMBER			
	**PLEASE FILE THE ATTACHED AND RETURN**		
XXXX	Plain Copy Certified Copy Certificate of Status	<b>2019</b> AUG 17	٠٠,٠
*	*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	10:38	(
	Certified Copy of Arts & Amendments  Certificate of Good Standing		
	**APOSTILLE' / NOTARIAL CERTIFICATION**		
COUNTRY OF DESTINA NUMBER OF CERTIFICA			
TOTAL OWED \$125.	00 <b>СНЕСК</b> # 5164		
Please call Tina at i	the above number for any issues or concerns. <b>Thank you</b> s	o much!	

#### COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJEC	C2P CAPITAL ADVISORY GROUP, LLC		
40000		Limited Liability Company	
The enci	osed "Application by Foreign Limited Liability Comp e, and check are submitted to register the above refere	nany for Authorization to Transact Business in Florida," enced foreign limited liability company to transact busin	Certificate of ess in Florida.
Please re	eturn all correspondence concerning this matter to the	following:	
	JENNIFER MACKERT		
	Ni	ame of Person	
	C2P CAPITAL ADVISORY GROUP, LLC		
Firm/Company 30400 DETROIT RD., STE 201			
	30400 DETROIT RD., STE 201		
		Address	25
	WESTLAKE, OH 44145		· A
	City/S	tate and Zip Code	. — ش
	jmackert@c2padvisory.com	•	7 1
	E-mail address: (to be use	d for future annual report notification)	<u>::</u>
For furt	her information concerning this matter, please call:	.••	V#10: 38
	URS Agents ATTN Kanetha Bishop	800 567-4397	
	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	ed is a check for the following amount: 图 \$125.00 Filing Fee	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, C Certified Copy of Status & Certified Co	

.7

### 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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

	VISORY GROUP, LLC  right Limited Liability Company; must include "Limite"	ed Liability Company," "L.L.C.," or "LLC."	Γ	
(If name unavailable, enter alterna	are name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Lia	bility Company," "L L C.	" or "LLC ")
DELAWARE		27-4633600	,,,	,
	of which foreign limited liability company is organized)	(FEI number, if applicable)		
4.				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) ine penulty liability)	<del></del>	2011
5. 30400 DETROIT R		6. 30400 DETROIT RD., ST	E 201 :	≥
(Succi Address of Principal Office) WESTLAKE, OH 44145		bbA gnillatA)	ress)	(37)
		WESTLAKE, OH 44145	<u></u>	<del></del> ;
		··		À
7. Name and street add	ress of Florida registered agent: (P.O. Box	NOT acceptable)		:Ú! AV
Name:	URS AGENTS, LLC			မ္အ
Office Address	3458 LAKESHORE DRIVE			
	TALLAHASSEE	Florida 32312		
	(City)	(Zip code	:)	
	(Registered agent's a	s/have authority to manage is/are:		
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Add	ress:
MANAGER	C2P ENTERPRISES, LLC 30400 DETROIT RD			
	WESTLAKE OH 4145	• •		
-				
(Use attachments if nec	essary')			
. Attached is a certifica urisdiction under the law if the translator must be	te of existence, no more than 90 days old, on work which it is organized. (If the certificate submitted)	luly authenticated by the official have is in a foreign language, a translation	ring custody of rec on of the certificate	ords in the e under oath
0. This document is excubmitted in a document	ecuted in accordance with section 605,0203 to the Department of State constitutes a thir	(1) (b), Florida Statutes. I am aware rd degree felony as provided for in s.	that any false info 817.155, F.S.	rmation
	macheet			
	Signature o	f an authorized person	<del></del>	
	Jennifer Machede Typed or F		·	
	Typed or s	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 "C2P CAPITAL ADVISORY GROUP, 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 SEVENTEENTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "C2P CAPITAL ADVISORY GROUP, LLC" WAS FORMED ON THE FOURTEENTH DAY OF MARCH, A.D. 2017.

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

Authentication: 203266512

Date: 08-17-18

6347630 8300 SR# 20186226387