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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : 120080000045
Phone : (302) 645-7400
Fax Number : (302) 645-1290

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

Email Address: pkuveke@kuveke.com

Foreign Limited Liability Company
Avenir Wealth Strategies LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

FILED
2018 NOV 21 AM 9:18
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2018 NOV 21 PM 3:15

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

IN COMPLIANCE WITH SECTION 605.02002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Avenir Wealth Strategies LLC
(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLC")
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 83-2498774
(FEI number, if applicable)
4. _____
(Date first commenced business in Florida, if prior to registration)
(See sections 605.02014 & 605.02015, F.S., and determine penalty liability fee)
5. 15311 Devon Green Lane
(Direct address of Principal Officer)
Naples, FL 34110
6. 15311 Devon Green Lane
(Mailing Address)
Naples, FL 34110
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Paul Kuveke III
Office Address: 15311 Devon Green Lane
Naples Florida 34110
(City) (Zip code)

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 agent.

(Signature of registered agent's 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 Capacity:	Name and Address:
AMBR	Paul Kuveke III 15311 Devon Green Lane Naples, FL 34110		

(Use attachments if necessary.)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated 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 605.0201 (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 s 817.155, F.S.

(Signature of authorized person)

Paul Kuveke III

(Typed or printed name of signer)

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AVENIR WEALTH STRATEGIES 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-FIRST DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVENIR WEALTH STRATEGIES LLC" WAS FORMED ON THE SEVENTH DAY OF NOVEMBER, A.D. 2018.

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



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SR# 20187766559

You may verify this certificate online at corp.delaware.gov/authver.shtml

FILED
2018 NOV 21 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203949971

Date: 11-21-18

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