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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2019 FEB 14 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

UHS
2-15-19

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 2/14/2019

PRIORITY Routine

OUR REF # (Order ID#) 720738

ORDER ENTITY

STELAC ADVISORY SERVICES, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

STELAC ADVISORY SERVICES, LLC (FL)

File the attached foreign qualification document

Please provide a certified copy as evidence.

NOTES:

Check in the amount of \$155.00 enclosed.

Email address for annual report reminders: vlagana@rvf-law.com

RETURN/FORWARDING INSTRUCTIONS:

Return to Melissa Stops at Incorporating Services' office in TALLAHASSEE located at: 1540 Glenway, Tallahassee, FL 32301,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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 TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. STELAC ADVISORY SERVICES, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NEW YORK

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. 02/12/2019

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 999 BRICKELL AVE.

(Street Address of Principal Office)

6. 999 BRICKELL AVE.

(Mailing Address)

SUITE 560

SUITE 560

MIAMI, FL 33131

MIAMI, FL 33131

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: PREMIER REGISTERED AGENT INC.

Office Address: 355 ALHAMBRA CIRCLE, SUITE 1205

CORAL GABLES, Florida 33134
(City) (Zip code)

2019 FEB 14 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Clarissa Padula

☐ Member Address: 999 Brickell Avenue

☐ Authorized Miami, FL 33131

Person _____

☒ Other COO ☐ Other _____

☐ Manager Name: Carlos Lopez-Ona

☐ Member Address: 654 Madison Avenue

☐ Authorized 11th Floor, NY, NY 10065

Person _____

☒ Other CFO ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Carlos Padula

☐ Member Address: 654 Madison Avenue

☐ Authorized 11th floor, NY, NY 10065

Person _____

☒ Other CEO ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

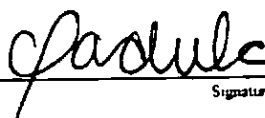
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 605.0203 (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 s.817.155, F.S.



Signature of an authorized person

Clarissa Padula

Typed or printed name of signer

FILED
2019 FEB 14 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**State of New York
Department of State } ss:**

I hereby certify, that STELAC ADVISORY SERVICES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/07/2007, and that the Limited Liability Company is existing so far as shown by the records of the Department.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 12th day of February
two thousand and nineteen.*

A handwritten signature in black ink, reading "Whitney Clark". The signature is fluid and cursive, with the first name "Whitney" and the last name "Clark" clearly distinguishable.

Whitney Clark
Deputy Secretary of State