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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

cup in or	Strategic Asset Mana	agement Intelligence LLC				
SUBJECT:		Name of I	limited Liability C	ompany		
The enclosed	"Application by Fore	eign Limited Liability Comp	any for Authorizat	ion to Trai	nsact Business in Florida," Certifica company to transact business in Fl	ite of orida.
Please return	all correspondence co	oncerning this matter to the	following:			
	Hillary Vitovsky	y				
		Na	nme of Person			
	Strategic Asset	Management Intelligence Ll	I.C			
		Fi	rm/Company			
	19387 SW 79th	Place				
			Address			
	Cutler Bay, Flor	rida 33157				
		City/S	tate and Zip Code	- ·-		
	hvitovsky@samir	network.com				
		E-mail address: (to be used	d for future annual	report not	ification)	
For further is	nformation concerning	g this matter, please call:				
An	drew Slom		267 at (	328-478 _)	33	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.C	ision of Corporations gistration Section D. Box 6327 lahassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
	a check for the follow \$125.00 Filing Fee	ing amount:  \$\Bigsim \text{S130.00 Filing Fee & Certificate of Status}\$	S155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	;

## 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 RUSINESS. IN THE STATE OF FLORIDA:

(Name of Foreign Lim	ent Intelligence LLC nited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "1.1.0	2.")
	adopted for the purpose of transacting business in Flor		Liability Company," "L.L.C," or "LLC.")
2		3. <u>83-2563782</u>	
(Jurisdiction under the law of which	foreign limited liability company is organized)	(FEI)	number, if applicable)
Not prior to registration.			<u> </u>
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determine		
19387 SW 79th Place 5.		6. 19387 SW 79th Place (Mailing	ţ
(Street Address of Princ Cutler Bay, FL 33157	npal Office)	(Mailing Cutler Bay, FL 33157	Address)
			THE THE
_ <del></del> _	of Florida registered agent: (P.O. Box Hillary Vitovsky	NOT acceptable)	SSECTION IN THE PROPERTY OF TH
Name: _	9387 SW 79th Place		17. TE
_	Cutler Bay	, Florida 33157	<del>39</del> .
<del>-</del>	(City)	(Zip	rode)
the second of the second			•
ana accept the obligations o	of my position as registered agent.		
ana accept the obligations o			
_	of my position as registered agent.	guature)	
8. The name, title or capaci <u>Title or Capacity:</u>	ty and address of the person(s) who ha	s/have authority to manage is/ar Title or Capacity:	e:
8. The name, title or capaci	ty and address of the person(s) who has	s/have authority to manage is/ar	e:  Name and Address: Luciano J. Pecile 330 Gran Via #3039
8. The name, title or capaci <u>Title or Capacity:</u>	ty and address of the person(s) who has Name and Address:  Hillary Vitovsky	s/have authority to manage is/ar Title or Capacity:	e: <u>Name and Address:</u> Luciano J. Pecile
8. The name, title or capaci <u>Title or Capacity:</u>	ty and address of the person(s) who have and Address:  Hillary Vitovsky  P.O. Box 1696	s/have authority to manage is/ar Title or Capacity:	e:  Name and Address: Luciano J. Pecile 330 Gran Via #3039
8. The name, title or capaci <u>Title or Capacity:</u> Member	ty and address of the person(s) who has Name and Address:  Hillary Vitovsky  P.O. Box 1696  Santa Rosa Beach, FL 32459	s/have authority to manage is/ar Title or Capacity:	e:  Name and Address: Luciano J. Pecile 330 Gran Via #3039
8. The name, title or capaci <u>Title or Capacity:</u> Member	ity and address of the person(s) who has Name and Address:  Hillary Vitovsky P.O. Box 1696 Santa Rosa Beach, FL 32459  Enrique Sierra 19387 SW 79th Place Cutler Bay, FL 33157	s/have authority to manage is/ar Title or Capacity:	e:  Name and Address: Luciano J. Pecile 330 Gran Via #3039
8. The name, title or capaci  Title or Capacity:  Member  Member  (Use attachments if necessary). Attached is a certificate of	ty and address of the person(s) who have and Address:  Hillary Vitovsky P.O. Box 1696 Santa Rosa Beach, FL 32459  Enrique Sierra  19387 SW 79th Place Cutler Bay, FL 33157  ry)  f existence, no more than 90 days old, which it is organized. (If the certificat	s/have authority to manage is/ar  Title or Capacity:  Member  duly authenticated by the officia	Name and Address:  Luciano J. Pecile  330 Gran Via #3039  Irving, Texas 75039
8. The name, title or capaci  Title or Capacity:  Member  Member  (Use attachments if necessar  9. Attached is a certificate of jurisdiction under the law of of the translator must be sub  10. This document is execute	ty and address of the person(s) who has Name and Address:  Hillary Vitovsky  P.O. Box 1696  Santa Rosa Beach, FL 32459  Enrique Sierra  19387 SW 79th Place Cutler Bay, FL 33157  ry)  f existence, no more than 90 days old, which it is organized. (If the certificate mitted)  ed in accordance with section 605.020	s/have authority to manage is/ar  Title or Capacity:  Member  duly authenticated by the official is in a foreign language, a trans	e:  Name and Address:  Luciano J. Pecile  330 Gran Via #3039  Irving, Texas 75039  It having custody of records in the slation of the certificate under oal
8. The name, title or capaci  Title or Capacity:  Member  Member  (Use attachments if necessar  9. Attached is a certificate of jurisdiction under the law of of the translator must be sub  10. This document is execute	ty and address of the person(s) who have and Address:  Hillary Vitovsky  P.O. Box 1696  Santa Rosa Beach, Ft. 32459  Enrique Sierra  19387 SW 79th Place Cutler Bay, Ft. 33157  ry)  f existence, no more than 90 days old, which it is organized. (If the certificate smitted)	s/have authority to manage is/ar  Title or Capacity:  Member  duly authenticated by the official is in a foreign language, a trans	e:  Name and Address:  Luciano J. Pecile  330 Gran Via #3039  Irving, Texas 75039  It having custody of records in the slation of the certificate under oal aware that any false information

Typed or printed name of signee

Hillary Vitovsky



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

DELAWARE, DO HEREBY CERTIFY "STRATEGIC ASSET MANAGEMENT

INTELLIGENCE 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 TENTH DAY OF JANUARY,

A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STRATEGIC ASSET MANAGEMENT INTELLIGENCE LLC" WAS FORMED ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2018.

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

THE STATE OF THE S

Authentication: 202058828

Date: 01-10-19