M190000028299

(Re	equestor's Name)	<u>. </u>
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	е)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

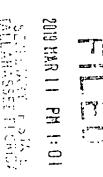
Office Use Only



800325920188

03/12/19--01005--016 **125.00

RECEIVED MAR 1 1 2019



BRUCE NAR 25 2019

COVER LETTER

TO:		tration Section on of Corporations	s					
SUBJEC		funt Capital Advisor	rs LLC					
001317	··· _		N:	ame of Limited	Liability (Company		
						ation to Transact Business in Flori ted liability company to transact b		
Please re	cturn al	l correspondence co	oncerning this matte	r to the followin	ıg:			
		Mare Weintraub						
				Name of P	erson			
		Bailey & Glasse	r LLP					
	Firm/Company							
360 Central Ave Suite 1500								
Address								
		St Petersburg, F	lorida 33610			 .	~ 3	
		-		City/State and	Zip Code	:::	2019 1	-
		MWeintraub@bai	. •			**************************************	KAR I	ج معتمدہ معتمدہ
		1	E-mail address: (to	be used for futi	are annual	report notification)) ——	l amiliand ∰
For furth	ier info	rmation concerning	this matter, please of	call:		f j		, 1 ·
	Marc	Weintraub		30 at (14	3456555	L037/2	- Nec
		Name of	Contact Person		rea Code	Daytime Telephone Number	- T	_
	Division Registr P.O. B	and Address: on of Corporations ration Section lox 6327 assee, FL 32314				STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	Please	sed is a check for the make check payabl 25.00 Filing Fee		EPARTMENT		Filing Fee & S160.00 Fili	ing Fee. Co	ertificate
			Certificat	e of Status	Certifi	ed Copy of Status & (Certified C	lopy

Dear Officer,

This filling is to correct the mistake of the same company filed as a Florida Limited Liability Company at February 13, 2019, assigned document number: L19000044345. This company shall be filed as a Foreign Limited Liability Company to transact business in Florida. The Articles of Dissolution has already filed online on March 07, 2019. The payment receipt for that filing was also attached for your information.

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

IN COMPLIANCE WITH SECTION 605 0902, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Hunt Capital Advisors	LI.C				
(Name of Foreign	Limited Liability Company, must include "Limit	ted Liability	Company," "L.L.C.," or "LLC")		
If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Γ	lorida. The al	ternate name must include "Limited Liabil	hty Company," "L.L.C," or "LLC")	
State of Delaware 2.		3.	83-3558694		
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)		
·					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to detern	nine penalty) hability)		
401 E JACKSON ST			401 E JACKSON ST		
(Street Address of F	Principal ()(lice)	6.	(Mailing Addre	55)	
SUITE 3300			SUITE 3300		
TAMPA 33602			TAMPA 33602	2919 HAR	
Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> a	ecceptable)		
Name:	Marc Weintraub			PH 1:	
Office Address:	360 Central Ave Suite 1500			10 P	
	St Petersburg		33701 , Florida		
	(City)		(Xip 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.

(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 Jup to six (6) totall:

Title or Capacity:	Name and Address:	Title or Capacit	<u>Y:</u>	Name and Address:		
Manager	Name: Alexander Iannacio	Manager	Name:			
Member	Address: 401 E JACKSON STREET	Member	Address:			
□Authorized	SUITE 3300, TAMPA, FL,33602	☐ Authorized				
Person		Person				
Other	Other	Other		Other		
☐Manager	Name:	Manager	Name:	····		
□Member	Address:	Member	Address:			
□Authorized		Authorized		22		
Person		Person				
Other	Other	Other		Other - F		
Manager	Name:	Manager	Name:			
☐Member —	Address:	☐ Member	Address:			
□Authorized		Authorized				
Person		Person	 			
Other	Other	Other		Other		

- 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.

Alexander lannacio

Signature of an authorized person

Alexander lannacio

Page 1



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

DELAWARE, DO HEREBY CERTIFY "HUNT CAPITAL 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 SEVENTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HUNT CAPITAL ADVISORS LLC" WAS FORMED ON THE SECOND DAY OF OCTOBER, A.D. 2018.

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

Authentication: 202393066

Date: 03-07-19