M1900004132

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100327865181

4.25-19



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	04/24/2019	
	Joy Weaver	
	#:1073914	<u></u>
Entity Nam	e:BONDHOL	ISE ADVISERS, LLC
✓ Artic ☐ Ame ☐ Cha ☐ Reir	cles of Incorporation/Authorizati endment nge of Agent nstatement version	
☐ Ficti	ger solution/Withdrawal tious Name	
	Amount: \$125	

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	04/24/2019	
Name:	Joy Weaver	<u> </u>
	ce #: 1073914	
	ame:BONDHOU	SE ADVISERS, LLC
	rticles of Incorporation/Authorization	
Ar	mendment	
☐ CI	hange of Agent	
☐ Re	einstatement	
☐ C	onversion	
	erger	
☐ Di	issolution/Withdrawal	
☐ Fi	ctitious Name	
	ther	
Authorize	ed Amount: \$125	
Signature	e: Alleur	

F: 800.944.6607

F: +852.2682.9790

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:

BondHouse Advisers, L	imited Liability Company; must include "Lim	ital Cability Compa		
(Name of Foreign I	Limited Liability Company; must include Lim	ned Lisbinky Compa	ny, E.E.C., or EEC.	
ame unavailable, enter alternate na	ume adopted for the purpose of transacting business in	Florida. The alternate na	me must include "Limited Liability Comp	nany," "L.L.C," or "LLC.")
Pelaware		83-44 3.	41818	
(Jurisdiction under the law of wh	ich foreign limited liability company is organized)	3. <u></u>	(FEI number, if appli	cable)
upon approval				
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete	r to registration.)	ì	
20200 West Dixie Hwy		20200 6.	West Dixie Hwy, Ste 1102 (Mailing Address)	
(Street Address of P	rincipal Office)		(Mailing Address)	
Miami, Florida 33180		Miam	, Florida 33180	
Name and street addres Name:	es of Florida registered agent: (P.O. B	Sox <u>NOT</u> accepts	uble)	9019 Ect 21
Name:		BOX NOT accepts	ıble)	9019 APC 25 - 611
	Eli Gross 20200 West Dixie Hwy, Ste 1102 Miami		33180 , Florida	2018 Yet 5: 4:10:15
Name:	Eli Gross 20200 West Dixie Hwy, Ste 1102			9019 AFC 25 - 6110: 12

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Adam Green Manager 3680 NE 201st Street Member Address: ______ Address: Member Aventura, FL 33180 Authorized Authorized Person Person Other____ Other Other_____ Other Steve Gross Name: ______ Manager 437 Arlington Road Address: _____ ☐ Member Member Address: __ Cedarhurst, NY 11516 ☐ Authorized Authorized Person Person Other_ Other___ Other_____ Other_ Eli Gross Manager Name: Name: Manager 2936 West Morse Avenue Address: _ Member Address: __ Member Chicago, IL 60645 Authorized ☐ Authorized Person Person Other N Other Other__ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 Eli Gross Typed or 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 "BONDHOUSE ADVISERS, 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-FOURTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BONDHOUSE ADVISERS, LLC" WAS FORMED ON THE FIFTEENTH DAY OF APRIL, A.D. 2019.

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

WYS COLUMN TO THE PARTY OF THE

Authentication: 202699887

Date: 04-24-19

7374427 8300 SR# 20193120148