M20000003118

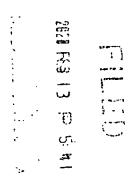
(Re	equestor's Name)	-
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	me)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500339866005

02/13/20--01017--007 **125.00



FEB 24 CO

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	apernova Asset Mar		and I fallifier C		
		Name of Limi	ted Liability C	.ompany	
					Business in Florida," Certificate of pany to transact business in Florida.
Please return all	l correspondence co	oncerning this matter to the follo	owing:		
	Lee Romine				
		Name	of Person		
		Firm/	Company		
		FIIIIV	Company		
	128 E. 5th St.				
	-	Ac	ldress	_	
	Natchitoches, LA	A 71457			
		City/State	and Zip Code		
	drlromine@hotma	iil.com			
		E-mail address: (to be used for	future annual	report notificat	ion)
For further info	rmation concerning	this matter, please call:			
Jessica	a Bundy	at	800	375-2453	
	Name of	Contact Person	Area Code	Daytime	Telephone Number
Divisio Registi P.O. B	ING ADDRESS: on of Corporations ration Section fox 6327 assee, FL 32314			STREET ADI Division of Co Registration So Clifton Buildir 2661 Executiv Tallahassee, F	rporations ection ig e Center Circle
		e following amount: e to: FLORIDA DEPARTME	ENT OF STA	re	
= \$1	25.00 Filing Fee	S130.00 Filing Fee & Certificate of Status		Filing Fee & ed Copy	\$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 BUSINESS IN THE STATE OF FLORIDA:

L. Supernova Asset Mana							
(Name of Foreign	Limited Liability Company, must include "Limi	ed Liability Com	pany," "L.L.C.," or "LLC	·")			
(If name unavailable, enter alternate ii	ame adopted for the purpose of transacting business in F	lorida. The alternate	name must include "Limited	Liability Company,	"L L C,"	or "LLC "	
Alaska 2. (Juristhetion under the law of w	hich foreign limited liability company is organized)	3	(FEI m	umber d'annlicable	\		
(Smileton mileton in the law of w	iner foreign anneed assume company to organize of		(1.57.1.	anner, ii appieable	,		
4	(Date first transacted business in Florida, if prior t (See sections 605 0904 & 605 0905, F.S. to deter	o registration)	.)				
505 Old Steese Hwy Ste 122 5. (Street Address of Principal Office)		200	W. 34th Ave. #977				
		o	(Mailing A	Address)			
Fairbanks, AK 99701	Anchorage, AK 99503						
					*.2		
					(1) (1) (1)	ugu k k kumana	
7. Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> accep	table)	-	ري س س	1	
Name:	CT Corporation System		_	:	T		
Office Address:	1200 S Pine Island Rd		_		ښې. ۲۰		
	Plantation		33324 , Florida				
	(City)			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.

C T Corporation System M D James M. Halpin

(Registered gent's signature)

Assistant Secretary

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: Title or Capacity: Name and Address: Name: Lee Romine Name: Dorinda Romine Manager Manager Address: 128 E. 5th St. Address: 128 E. 5th St. ■ Member Member Natchitoches, LA 71457 Natchitoches, LA 71457 Authorized Authorized Person Person Other____ Other Other_ Other Manager Name: _____ Manager | Name: _____ Member Address: Member Address: Authorized Authorized Person Person Other____ Other Other Other Manager Name: Manager | Name: _____ Member Address: _ _ _ Member Address: Authorized Authorized Person Person Other____ Other 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. Lee Romine

Alaska Entity #10110561

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Supernova Asset Management, LLC

This entity was formed on July 30, 2019 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.

Julie Ciroleran



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective December 11, 2019.

Julie Anderson Commissioner