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number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.

Account Number : 076117000420 Phone : (561)650-0728 Pax Number : (561)671-2527

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address plouse.

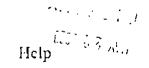
mfinocchiaro@innfactadvisors.com Email Address:

Foreign Limited Liability Company Innfact Advisors, LLC

Certificate of Status	0
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

(Frame innovabble, eiter alternate minc	sted Liability Company, must include "Limited I adopted for the purpose of transacting misiness in Flor Joseph Johnsel Liability company is organized)	ida Tbe	attenute name most include "	Limited Landity	Сопрову.	L.C.* or "LLC."
Delaward	Joseph lumized hability company is organized)		84-3873436		Company." L	L.C." or "LLC."
Delaward 2. Ourscheupe waler die taw of which		3.				
Oursdittion wilei die faw of which				(Fbl mun see, c) a	 .	, ambigar or the term
				(I-b) number, et a	pple=blc1	
upon filing of this Applica					_	
4	(Date first transacted business in Florida, if prior to re (See seculate 605 0904 & 605 0905, F.S. in determine	gistrario penalty	a i Irahilíry)			
9615 Moritz Way		6.	9615 Moritz Way (Mailing Address)			
5. (Street Address of Principal Office)						
Delray Beach, FL 33446			Delray Beach, FL 33	3446 		
					<u> </u>	
7. Name and street address o	f Florida registered agent: (P.O. Box	<u>NOT</u>	acceptable)		THE BANK	1 ;
Name: _	SY Corporate Services, Inc.			ر المراق - المراقب المراقب	21	free-
Office Address: _	77 South Flagler Drive, Suite 500 East			ر مرابع موريون ما		Ö
1	Vest Palm Beach		334 , Florida		1हेत संघ —	
_	(Cny)		(3	Zip 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.

/s/ James B. Davis, VP	
(Reginered agent's signature)	

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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:
■ Manager	Name: Marylo Finocchiaro	□Manager	Name:
□Member	Address: 9615 Moritz Way	□Member	Address:
∐Authorized	Deiray Beach, FL 33446	Authorized	
Person		Person	
∐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

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.

/s/ MaryJo Finocchiaro	Michael Harris
	ture of an authorized person
Mary Jo Finocchiaro, Manager	_
Туре	d or printed name of signoc

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Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "INNFACT 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 TWENTIETH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INNEACT ADVISORS, LLC" WAS FORMED ON THE FIFTH DAY OF DECEMBER, A.D. 2019.

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

7736236 8300 SR# 20204278789

You may verify this certificate online at corp.delaware.gov/authver.shtml

Justices IV. But local, Breatmany of Super

Authentication: 202965102

Date: 05-20-20