

M20000009040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

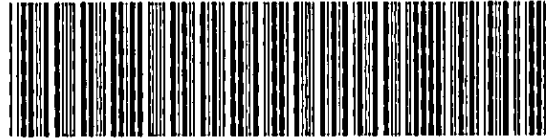
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

HBS Wealth LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Austin Gappelberg

\_\_\_\_\_  
Name of Person

HBS Wealth LLC

\_\_\_\_\_  
Firm/Company

423 ridge ct

\_\_\_\_\_  
Address

Naples, FL 34108

\_\_\_\_\_  
City/State and Zip Code

austin.supreme1012@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Austin Gappelberg

631

4613663

\_\_\_\_\_  
at (\_\_\_\_\_) \_\_\_\_\_

Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

7-23-06 1-7 PM EST

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

\_\_\_\_\_  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.C.")

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration )  
(See sections 605 0904 & 605 0905, F.S. to determine penalty liability)

423 ridge ct, Naples FL, 34108

6. \_\_\_\_\_  
(Mailing Address)

Name: Austin Gappelberg

Office Address: \_\_\_\_\_  
Naples

34108

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip code)

*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.*

*Ag*

(Registered agent's signature)

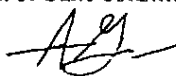
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Austin Gappelberg	<input type="checkbox"/> Manager	Name: _____
	423 ridge ct, Naples FL.		
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
CFO	_____		
<input checked="" type="checkbox"/> Other	_____ <input type="checkbox"/> Other	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	_____ <input type="checkbox"/> Other	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	_____ <input type="checkbox"/> Other	<input type="checkbox"/> Other	_____ <input type="checkbox"/> 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.



\_\_\_\_\_  
Signature of an authorized person

Austin Gappelberg

\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HBS WEALTH 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 FIFTEENTH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HBS WEALTH LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF MARCH, A.D. 2020.

20200915 7 PM 5:37



  
Jeffrey W. Bullock, Secretary of State

7912526 8300

SR# 20207226595

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203659476

Date: 09-15-20



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 22, 2020

ANDREA JOHNSON  
3025 CARRINGTON MILL BLVD STE 100  
MORRISVILLE, NC 27502 US

SUBJECT: BAVARIAN NORDIC INC  
Ref. Number: W20000109185

We have received your document for BAVARIAN NORDIC INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

- ✓ The document must contain both the street address of the principal office and the mailing address of the entity.
- ✓ Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin  
Regulatory Specialist II

Letter Number: 320A00018194

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OCT 07 2020