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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

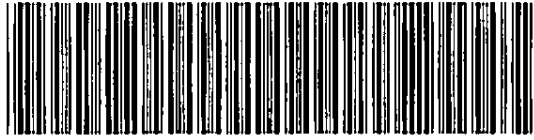
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21 MAR 25 PM 2:42

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Element Pointe Group, LLC

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:

Dionne Fajardo

Name of Person

Element Pointe Advisors, LLC

Firm/Company

333 SE 2nd Avenue, Suite 2820

Address

Miami, FL 33131

City/State and Zip Code

dfajardo@elementpointe.com

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

For further information concerning this matter, please call:

Dionne Fajardo

786

665-7779

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



March 24, 2021

Via FedEx

Florida Department of State
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Subject: Element Pointe Group, LLC
Ref. Number: W21000019165

Dear Sir or Madam,

Enclosed please find the Certificate of Good Standing ("Certificate") from the State of Delaware for Element Pointe Group, LLC and letter from the Division of Corporations dated February 12, 2021 and accompanying documents. With the submission of the Certificate, we believe that the Division's request is satisfied and respectfully request it to accept Element Pointe Group, LLC's application.

If you required any additional information, please do not hesitate to contact me directly at dfajardo@elementpointe.com or 786-665-7779.

Best Regards,

A handwritten signature in black ink, appearing to read 'Dionne C. Fajardo', with a long horizontal flourish extending to the right.

Dionne C. Fajardo
Chief Compliance Officer &
General Counsel

Enc.

RECEIVED
MAR 25 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2021

DIONNE FAJARDO
333 SE 2 AVE STE 2820
MIAMI, FL 33131

SUBJECT: ELEMENT POINTE GROUP, LLC
Ref. Number: W21000019166

We have received your document for ELEMENT POINTE GROUP, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 021A00003240

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:

1. Element Pointe Group, LLC
(Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 333 SE 2nd Avenue, Suite 2820 (Street Address of Principal Office)
Miami, FL 33131
6. 333 SE 2nd Avenue, Suite 2820 (Mailing Address)
Miami, FL 33131

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: David Savir
Office Address: 333 SE 2nd Avenue, Suite 2820
Miami, Florida 33131
(City) (Zip code)

FILED
21 MAR 30 PM 2:42

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 [up to six (6) total]:

Title or Capacity: **Name and Address:**
 Manager Name: David Savir
 Member Address: 333 SE 2nd Avenue, Suite 2820
 Authorized Miami, FL 33131
Person
 Other _____ Other _____

Title or Capacity: **Name and Address:**
 Manager Name: Carlos Dominguez
 Member Address: 333 SE 2nd Avenue, Suite 2820
 Authorized Miami, FL 33131
Person
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
Person
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
Person
 Other _____ Other _____

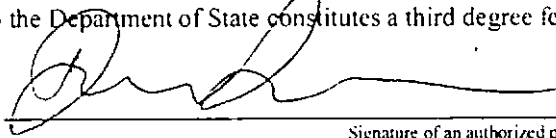
Manager Name: _____
 Member Address: _____
 Authorized _____
Person
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
Person
 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.



Signature of an authorized person

David Savir

Typed or printed name of signee

Delaware

Page 1

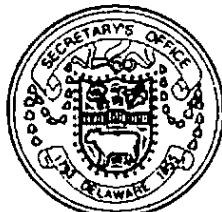
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "ELEMENT POINTE GROUP, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2021, AT 6:03 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.



4850141 8315

SR# 20210674258

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202738089

Date: 03-16-21