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TO:

Registration Section

FBJECT: Name of Limited Liability Company					
he enclosed " xistence, and	Application by Foreign Limited Liability eheck are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida.			
lease return a	Il correspondence concerning this matter t	to the following:			
	Heidi G.Clute				
		Name of Person			
	Clute Wealth Manangement, LLC				
		Firm/Company			
	152 Tom Miller Road				
		Address			
	Plattsburgh, NY 12901				
	C	City/State and Zip Code			
	helute@elutewealthmanagement.com				
	E-mail address: (to be	e used for future annual report notification)			
or further info	ormation concerning this matter, please ca	.11:			
Chris	tina R. Ubl or Heidi G. Clute	518 561-5707 at ()			
	Name of Contact Person	at () Area Code Daytime Telephone Number			
Mailing Address: Registration Section		Street Address: Registration Section			
	sion of Corporations Box 6327	Division of Corporations The Centre of Tallahassee			
	ahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Please	osed is a check for the following amount: e make check payable to: FLORIDA DEF 25.00 Filing Fee	re & 🗶 \$155.00 Filing Fee & 🛛 \$160.00 Filing Fee. Certificate			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

imile diavariable, tiner atternate i	name adopted for the purpose of transacting business in Flori	da. The alternate name must include "Lamited Liabi	lity Company," "L.L.C," or "LFC
New York		454167723	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number,	if applicable)
January 1, 2021			
	(Date first transacted business in Florida, if prior to reg (See sections 605,0904 & 605,0905, F.S. to determine	istration (
	Plattsburgh NY 12901	152 Tom Miller Road, Plattsbu	
reet Address of Principal Office)		6. (Mailing Address)	
Name and street address Name:	ss of Florida registered agent: (P.O. Box 1) Heidi G. Clute		2021 HAY 11
Office Address:	12908 SW Gingerline Drive		51:111:3
	Port St Lucie, FL	, Florida (Zip code)	. 19
	(Cus)	(Zip code)	

Wish A. Clut

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: Heidi G. Clute	□Manager	Name:
□Member	Address: 12908 SW Gingerline Drive	□Member	Address:
□Authorized	Port St Lucie, Fl 34987	□Authorized	
Person		Person	
□Other	■Other	Other	□Other
∐Manager	Name: Christina R. Ubl	□Manager	Name:
■Member	Address: 16 Bracken Road	□Member	Address:
□Authorized	Morrisonville, NY 12962	□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. 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.

With A. Clut

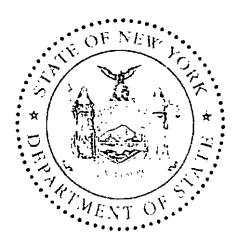
Signature of an authorized person

Heidi G. Clife

Typed or printed name of signee

State of New York Department of State } ss:

I hereby certify, that CLUTE WEALTH MANAGEMENT, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/03/2012, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 29th day of April two thousand and twenty-one.

Braden C Hylen

Brendan C Hughes
Executive Deputy Secretary of State