

M21000008106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

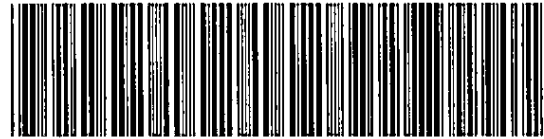
(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUN 28 AM 11:23

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AT
CLERK OF COURT
OFFICE

JUN 28 2021

Brumbley

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SB Invesco 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:

Madison Berry

Name of Person

Chessler Holdings LLC

Firm/Company

50 Central Ave. Suite 800

Address

Sarasota, FL 3436

City/State and Zip Code

madison@chesslerholdings.com

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

For further information concerning this matter, please call:

Madison Berry

305

8492623

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

June 28, 2021

Dear Mr. Brumbley,

I am writing to confirm that Chessler Holdings will not be revoking the voluntary dissolution of the Florida entity SB Invesco, LLC Ref L21000219671. This entity was filed in error due to a miscommunication in our office, so we dissolved it in order to file the correct documents. The entity, SB Invesco LLC, is a Wyoming LLC and we needed to file a Foreign Entity filing in Florida. We dissolved the original filing and submitted a foreign filing which was rejected due to the same name being used for both entities, Ref W21000085827.

If you could please assist with getting this foreign filing accepted as we are waiting for the status change so our bank can open a new account under this entity. If there is any other information you need from us, please let me know.

Sincerely,

Madison Berry

Cell: (305) 849-2623

Email: madison@chesslerholdings.com

Sales Implementation Manager

Chessler Holdings LLC

50 Central Ave. Suite 800

Sarasota, FL 34233

2021 JUN 28 AM 11:23

AL
11:23 AM
JUN 28 2021

**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. SB Invesco 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. Wyoming
(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. 50 Central Ave. Suite 800
(Street Address of Principal Office)

Sarasota, FL 34236

6. 50 Central Ave. Suite 800
(Mailing Address)

Sarasota, FL 3436

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

Name: David Saslow,

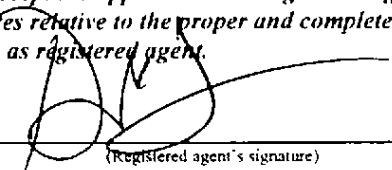
Office Address: 50 Central Ave. Suite 800

Sarasota 34236

(City) Florida (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.



(Registered agent's signature)

2021 JUN 28 AM 11:23
FILED
APPROVED

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: Chessler Holdings LLC

☐ Member Address: 50 Central Ave.

☐ Authorized Suite 800

Sarasota, FL 34236

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: David Chessler

☐ Member Address: 50 Central Ave.

☐ Authorized Suite 800

Sarasota, FL 34236

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

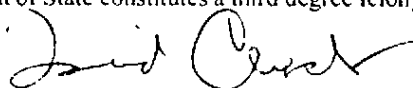
Person

☐ 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 CHESSLER

Typed or printed name of signee

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,


SB Invesco LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **April 9, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-000995492**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 28th day of June, 2021 at 8:37 AM. This certificate is assigned ID Number 045513930.




Secretary of State