

ma1000008195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

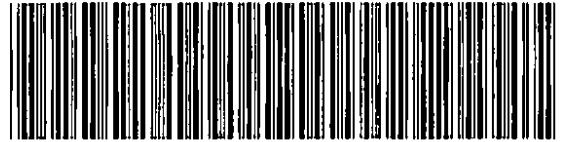
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21 JUN 21 AM 10:59
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TL
1/2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Avante Capital 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:

Matthew Boffo

Name of Person

Avante Capital Group, LLC

Firm/Company

1705 S. Washington Ave

Address

Titusville, FL 32780

City/State and Zip Code

MSBoffo@aol.com

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

For further information concerning this matter, please call:

Matthew Boffo

321

239-0919

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

**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. Avante Capital 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 3. 87-1265232
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 06/18/2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1705 S Washington Ave 6. 1705 S Washington Ave
(Street Address of Principal Office) (Mailing Address)

Titusville, FL 32780 Titusville, FL 32780

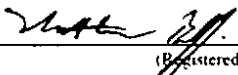
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Matthew Boffo
Office Address: 1705 S. Washington Ave
Titusville 32780
(City) (Zip code)
Florida

FILED
21 JUN 21 AM 10:59
CLERK OF THE STATE
OF FLORIDA

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: Matthew Boffo

☒ Member Address: 1705 S. Washington Ave

☐ Authorized Titusville, FL 32780

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: 508 Enterprises LLC

☒ Member Address: 140 Ocean Breeze Dr

☐ Authorized June Beach, FL 33408

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: Maggie Rocchetta Boffo

☒ Member Address: 1705 S. Washington Ave

☐ Authorized Titusville, FL 32780

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

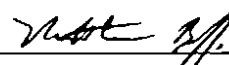
Person _____

☐ 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

Matthew Boffo

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 "AVANTE CAPITAL GROUP, 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 SEVENTEENTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVANTE CAPITAL GROUP, LLC" WAS FORMED ON THE FIFTEENTH DAY OF JUNE, A.D. 2021.

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




Jeffrey W. Bullock, Secretary of State

5999871 8300

SR# 20212475377

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

Authentication: 203468456


Date: 06-17-21

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF 'AVANTE CAPITAL GROUP,
LLC', FILED IN THIS OFFICE ON THE FIFTEENTH DAY OF JUNE, A.D.
2021, AT 10:04 O'CLOCK A.M.



Jeffrey W. Bullock, Secretary of State

5999871 8100
SR# 20212475374

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

Authentication: 203468445
Date: 06-17-21

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:04 AM 06/15/2021
FILED 10:04 AM 06/15/2021
SR 20212448638 - File Number 5999871

**STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION**

**FIRST
Name**

The name of the limited liability company is:
Avante Capital Group, LLC

**SECOND
Registered Agent**

The address of its registered office in the State of Delaware is
8 The Green, Suite B in the City of Dover. Zip code 19901.

The name of its registered agent at such address is
Northwest Registered Agent Service, Inc.

**THIRD
Duration**

The duration of the limited liability company shall be perpetual.

**FOURTH
Purpose**

The purpose for which the company is organized is to conduct any and all
lawful business for which Limited Liability Companies can be organized
pursuant to Delaware statute.

In Witness Whereof, the undersigned have executed this Certificate of
Formation this 15th day of June, 2021.

By: Morgan Noble
Authorized Person

Name: Morgan Noble