

M21000010049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

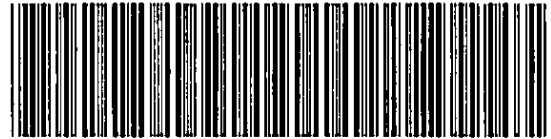
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M. SOLOMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ST Wealth, 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:

Hien Scozzafava

Name of Person

ST Wealth, LLC

Firm/Company

PO Box 162121

Address

Altamonte Springs, FL 32716

City/State and Zip Code

Kitecapital@stwealth.com

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

For further information concerning this matter, please call:

Jana Carrington

772

473-5423

Name of Contact Person

at ( )

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. ST Wealth, 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. California  
(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. 595 Coombs Street  
(Street Address of Principal Office)

6. PO Box 162121  
(Mailing Address)

Napa, CA 94559

Altamonte Springs, FL 32716

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

Name: Jana Carrington

Office Address: 2055 US Highway 1

Vero Beach, Florida 32960  
(City) (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.

Jana Carrington  
(Registered agent's signature)

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JUL 30 2021

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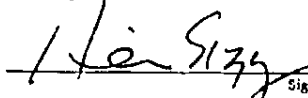
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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:	PAUL KRSEK	<input checked="" type="checkbox"/> Manager	Name:	MARGARET KRSEK
<input type="checkbox"/> Member	Address:	595 COOMBS STREET	<input type="checkbox"/> Member	Address:	595 COOMBS STREET
<input type="checkbox"/> Authorized		NAPA, CA 94559	<input type="checkbox"/> Authorized		NAPA, CA 94559
Person			Person		
<input checked="" type="checkbox"/> Other	CFO		<input checked="" type="checkbox"/> Other	CFO	
		<input type="checkbox"/> Other			<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name:	HIEN SCOZZAFAVA	<input type="checkbox"/> Manager	Name:	
<input type="checkbox"/> Member	Address:	PO Box 162121	<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized		Altamonte Springs	<input type="checkbox"/> Authorized		
Person		FL 32716	Person		
<input checked="" type="checkbox"/> Other	CCO		<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

Hien Scozzafava

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

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## Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

**Entity Name:** 5T WEALTH, LLC  
**File Number:** 199815910071  
**Registration Date:** 06/08/1998  
**Entity Type:** DOMESTIC LIMITED LIABILITY COMPANY  
**Jurisdiction:** CALIFORNIA  
**Status:** ACTIVE (GOOD STANDING)

As of July 18, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 19, 2021.

A handwritten signature in black ink, appearing to read "Shirley N. Weber".

SHIRLEY N. WEBER, Ph.D.  
Secretary of State

**Certificate Verification Number:** RM5M65R

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at [bebizfile.sos.ca.gov/certification/index](http://bebizfile.sos.ca.gov/certification/index).