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S. ROBERTS

NOV 1 6 2021

### COVER LETTER

	ration Section on of Corporations	
SUBJECT:	Corbin Advis	ors LLC
	Name	of Limited Liability Company
		ompany for Authorization to Transact Business in Florida," Certificate of ferenced foreign limited liability company to transact business in Florida.
Please return all	correspondence concerning this matter to	the following:
	Lebecca	Name of Person
	Corbin Ad	lisors LLC
		Firm/Company
	270 Farmingt	MAVENUE, Suite 260
	Farmington,	CT 06032 y/State and Zip Code
		Coubinad VISWS • Com used for future annual report notification)
For further inform	mation concerning this matter, please call:	
	Name of Contact Person	at (959) 202 -5400 Area Code Daytime Telephone Number
Regist Division P.O. B	g Address: tration Section ion of Corporations Box 6327 nassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Please r	ed is a check for the following amount: make check payable to: FLORIDA DEPA 5.00 Filing Fee Certificate of	& 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate

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

	CE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIC TRANSACT BUSINESS INTHE STATE OF FLORIDA:	IN LIMITEL	) LIABILITY
1.	Corbin Advisors LLC		
	ame of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")		-
/*6			<del>.</del>
(II name unavais	le, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Compan	•	TLLC.")
2. (Jurisdictio	inder the law of which foreign limited liability company is organized)  3. 20 -830 4170  (FEI number, if applicable	<del>)</del>	_
4	10[1]21		
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		
<u>s.</u> 27	Principal Office)  6. (Mailing Address)		_
(Street Address o	'Inncipal Office) (Mailing Address)		
	11th 960	- 	_
Viva	ington, CT 06032		
1 00 1	<u></u>		-
7. Name an	street address of Florida registered agent: (P.O. Box NOT acceptable)	<b>202</b> 1 Sۂ	
		₩ <b>8</b>	
N	ne: Swah Daly	^i€	il iluman energia
	ce Address: 5550 blades Rd, Svite 305	)	77
Of	ce Address:		
	150Ca Katon Florida 33431 -	7.E	
	(City) (Zip code)		
	gent's acceptance: named as registered agent and to accept service of process for the above stated limited liability co	mnany at ti	ne nlace
designated	this application, I hereby accept the appointment as registered agent and agree to act in this capa	icity. I furt	her agree
	th the provisions of all statutes relative to the proper and complete performance of my duties, and the obligations of my position as registered agents.	ı am jamılı	ar wun
	Illia Viller		
	VI * · · · · · · · · · · · · · · · · · ·		

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: Title or Capacity: Name and Address: Manager □Manager Name: \_\_\_\_\_\_ Member □Member Address: □ Authorized □ Authorized Person Person □Other\_\_\_\_ Other □Other □Other □Manager Name: □Manager Name: □Member Address: □Member Address: ☐ Authorized □ Authorized Person Person □Other\_\_\_\_ Other □Other Other Name: □ Manager □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. Nonindexed 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.

## Secretary of the State of Connecticut Certificate of Legal Existence

Standard Certificate

Date Issued: November 09, 2021

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

#### **Business Details**

Business Name	CORBIN ADVISORS, LLC
Business ALEI	US-CT.BER:0919230
Formation Date	11/16/2007

### Name Change History

Filing Type	Filing Date	Previous Name	Updated Name
Amend Name	04/07/2017	CORBIN PERCEPTION GROUP, LLC	CORBIN ADVISORS, LLC

Secretary of the State

Business ALEI: US-CT.BER:0919230 Certificate Number: C-00015004

Note: To verify this certificate, visit http://www.business.ct.gov