

M2200001352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

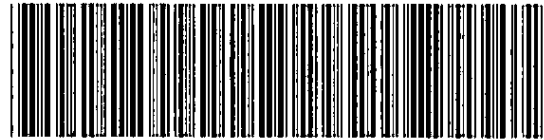
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900384401879

04/05/22--01018--024 \*\*70.00

01/04/22--01018--024 \*\*55.00

FILED  
2022 JUL 20 PM 1:26  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

T. LEMIEUX  
JUL 21 2022

52221  
222

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Advisor360, LLC

\_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Brendan Daly

\_\_\_\_\_  
Name of Person

Advisor360, LLC

\_\_\_\_\_  
Firm/Company

133 Boston Post Road

\_\_\_\_\_  
Address

Weston, MA 02493

\_\_\_\_\_  
City/State and Zip code

bdaly@advisor360.com

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

For further information concerning this matter, please call:

Brendan Daly

at ( 781 ) 619-8146

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee &    ☐ \$78.75 Filing Fee &    ☐ \$87.50 Filing Fee.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 19, 2022

BRENDAN DALY  
133 BOSTON POST RD  
WESTON, MA 02493

SUBJECT: ADVISOR360, LLC  
Ref. Number: W22000052221

We have received your document for ADVISOR360, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 122A00009176

**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. Advisor360, 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. 83-1740964

(Jurisdiction under the law of which foreign limited liability company is organized)

(FEI number, if applicable)

4. TBD

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

5. 133 Boston Post Road

6. 133 Boston Post Road

(Street Address of Principal Office)

(Mailing Address)

Weston, MA 02493

Weston, MA 02493

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

Name: C T Corporation System

Office Address: 1200 S Pine Island Rd #250

Plantation, FL 33324  
(City) (Zip code)

FILED  
2022 JUL 20 PM 1:26  
CLERK OF COURT  
JUL 11 2022  
CLERK OF COURT

**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.*

Nichol McCroy Nichol McCroy, Assistant Secretary  
(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Richard Napolitano	<input type="checkbox"/> Manager	Name: Darren Tedesco
<input type="checkbox"/> Member	Address: 133 Boston Post Road	<input type="checkbox"/> Member	Address: 133 Boston Post Road
<input type="checkbox"/> Authorized	Weston, MA 02493	<input type="checkbox"/> Authorized	Weston, MA 02493
Person		Person	
<input checked="" type="checkbox"/> Other CEO	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other President	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Aleksandar Zorovic	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 133 Boston Post Road	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	Weston, MA 02493	<input type="checkbox"/> Authorized	
Person		Person	
<input checked="" type="checkbox"/> Other CFO	<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  
  
Aleksandar Zorovic  
\_\_\_\_\_  
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 "ADVISOR360, 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 THIRTY-FIRST DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVISOR360, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF AUGUST, A.D. 2018.



7023659 8300

SR# 20222515345

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203560150

Date: 05-31-22