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Division of Corporations 9/20/22, 1

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Foreign Limited Liability Company CLOUD CAPITAL ADVISORS LLC Certificate of Status Ü 1

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From: Kaity Toon

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

2022-09-20 10:38:12 PDT

Delaware 2. (Durisdiction under the law of which foreign limited liability company is organized) 4. (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 1150 Assembly Drive, Suite 340 5. (Street Address of Principal Office) Tampa, FL 33607	Delaware Delaware (Puradiction under the law of which foreign limited liability company is organized) (PE) number, (Fapplicable)	Of came unavailable, cetter abteronce name adopted for the purpose of transacting business in Florida. The alternation names transit include "Limited Liability Company," "L.L.C." or "L.C.") Delaware 2. Delaware (NE) number, (Fapplicable) (Ne) Same Address of Principal Office) Tampa, FL 33607 Plantation Name: Office Address: Plantation Plantation S3324	1. Cloud Capital Advisor	s LLC	******				
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04034	, Florida	, Florida	Office Address:			22274			
, Florida	(City) (Zip code)	(City) (Zip code)				Elozida			
(City) (Zip code)				(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 plantage of the p	Having been named as registered agent and to accept service of process for the above stated limited liability company at the place		to comply with the provisi	ons of all statutes relative to the proper	registe and co	rea agent and agree to act of this complete performance of my duties, a	nd I am fam	iliar wit	h
Having been named as registered agent and to accept service of process for the above stated limited liability company at the plo designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further o to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wi	Having been named as registered agent and to accept service of process for the above stated limited liability company at the place lesignated in this application, I heraby accept the appointment as registered agent and agree to act in this capacity. I further agree o comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with	to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with				Christine Kelm, Assistant Secretary			
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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]:

Title or Capacity:	Name and Address:	Title or Capacity	<u>u</u>	Name and Address:
□Manager	Name: Mercer Interests LLC	∏Manager	Name:	
■Member	Address: 1212 New York Avenue, NW	□Member	Address:	
☐ Authorized	Suite 1000, Washington, D.C. 20005	.Authorized		
Person		Person		
□Other		□Other	· · · · ·	Other
□Manager	Name:	□Manager	Name:	
□ M a mber	Address:	□Member	Address:	
□ Authorized	- mark to the	☐ Authorized		
Person		Person		
□Other	Other	□Other		□Other
□Малаgет	Name:	□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. 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 onth 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 fellony as provided for in s.817.155, F.S.

<u> </u>		
0	Signature of an authorized person	
leffrey Foster		
	Typed or printed name of signee	



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CLOUD CAPITAL ADVISORS 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 FIFTH DAY OF AUGUST, A.D. 2022.

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

eat corp.delaware.gov/au

Authentication: 204097060

Date: 08-05-22

3549129 8300 SR# 20223189819