Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (**800)**432-3622

• Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## Foreign Limited Liability Company JUNIPER INVESTMENT ADVISORS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
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	COVER LETTER
TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: Juniper Investment Advisors, LLC	
Nam	e of Limited Liability Company
	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter t	to the following:
Christie Wilmot	
	Name of Person
Juniper Investment Advisors, LLC	
	Firm/Company
7001 N. Scottsdale Rd. Suite 2050	
	Address
Scottsdale, AZ 85253	
	City/State and Zip Code
christie@junipercapital.com	
	e used for future annual report notification)
For further information concerning this matter, please ca	alt:
Christie Wilmot	at (480 ) 840-8403
Name of Contact Person	at (480 ) 840-8403  Area Code Daytime Telephone Number
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEF  \$125.00 Filing Fee \$130.00 Filing Fe  Certificate of	te & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate

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## 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

(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Con	rpany," "LLC.," or "LLC.")	
	<del></del>			
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	orida The alterni	tte name must include "Limited Liability Company," "L	.L.C," or "LLC."
2. Delaware		3	(Fill number, if applicable)	
(Jurisdiction under the law of s	which foreign limited liability company is organized)		(FEI number, if applicable)	
4				
	(Date first transacted business in Floride, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration.) he penalty liabili	ly)	
5. 7001 N. Scottsdale Ro	1. Ste. 2050	6. 700	1 N. Scottsdale Rd. Ste. 2050 (Malling Address)	
(Street Address of Principal Office)			(Mailing Address)	
Scottsdale, AZ 85253		Sco	ttsdale, AZ 85253	
7 Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acces	ntable)	·
7. Ivania mai <u>jacos actac</u>	gg of thomas registated agents (1.0. Don	<u>  (                                   </u>	, and the same of	- J
	Capitol Corporate Services, Inc.			
Name:	Capitor Corporate Services, Inc.		_	:
Office Address:	515 E. Park Avc. 2nd Fl.			5:3
				£_
	Tallahassec		, Florida <u>32301</u>	
	(City)		(Lip code)	

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)			
Toulor Suay	Taylor Seay, as Asst. Secretary on behalf of Capitol Corporate Services, Inc.		

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8.	For initial indexing purposes,	list names, title or	r capacity and addresses	of the primary n	nembers/managers or p	persons authorized to
m),a	nage [up to six (6) total]:			- ,		

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Jay Wolf	□Manager	Name: Alejandro Krys
□Member	Address: 7001 N. Scottdale Rd.	□Member	Address: 7001 N. Scottsdale Rd.
□Authorized	Suite 2050	□Authorized	Suite 2050
Person	Scottsdale, AZ 85253	Person	Scottsdale, AZ 85253
Other Mgr. of Me	Other	Other Mgr. of Me	mber
□Manager	Name: Lawrence D. Bain	□Manager	Name: Armand Reale
□Memb <del>e</del> r	Address: 7001 N. Scottsdale Rd.	□Member	Address: 7001 N. Scottsdale Rd.
□Authorized	Suite 2050	□Authorized	Suite 2050
Person	Scottsdale, AZ 85253	Person	Scottsdale, AZ 85253
■Other Mgr. of Me	mber Other	Other Mgr. of Me	mber Other
ШМапяger	Name: Christie Wilmot	□Малаgeт	Name: Nickolas Jensen
□Member	Address: 7001 N. Scottsdale Rd.	□Member	Address: 7001 N. Scottsdale Rd.
■ Authorized	Suite 2050	Authorized	Suite 2050
Person	Scottsdale, AZ 85253	Person	Scottsdale, AZ 85253
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.

DecuBlemed by:		
Christic Wilmot		
E5EC2D#3AB8F422	Signature of an authorized person.	
Christic Wilmot		
	Typed or crinted name of signee	



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

DELAWARE, DO HEREBY CERTIFY "JUNIPER INVESTMENT 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 SIXTEENTH DAY OF FEBRUARY, A.D. 2023.

Authentication: 202732118

Date: 02-16-23