

4/24/23, 12:46 PM

Division of Corporations

M2300005445

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : 120080000045
Phone : (302)645-7400
Fax Number : (302)645-1280

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

Email Address: ehalarie@fundseeder.com

Foreign Limited Liability Company
FUNDSEEDER HOLDINGS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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K. Brumby

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN COMPLIANCE WITH SECTION 605.022, FLORIDA STATUTES, THE FOLLOWING IS/ARE AUTHORIZED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 FUNDSEEDER HOLDINGS, LLC

(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLC")

2 (State of incorporation, unless otherwise noted, is proper for the purpose of transacting business in Florida. If a different name must be used, Company must file a certificate of name change with the Secretary of State.)

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3 (If an office is located in the State of Florida, the name of the office must be included.)

4 (If an office is located in the State of Florida, the name of the office must be included.)

5 (Date first transacted business in Florida, if prior to registration.)
(See Sections 605.024 and 605.025, Florida Statutes, regarding public hearings.)

700 S Rosemary Ave Suite 204

700 S Rosemary Ave Suite 204

6 (Street Address, if not designated Office.)

(City and State)

West Palm Beach, FL 33401

West Palm Beach, FL 33401

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

Name: Emanuel Balarie

Office Address: 700 S Rosemary Ave Suite 204

West Palm Beach

33401

Florida

(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.

(Signature of registered agent)

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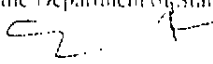
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total].

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>Emanuel Balaric</u>	☐ Manager	Name: <u>Kelly Balaric</u>
☒ Member	Address: <u>2056 Oxford Heights</u>	☒ Member	Address: <u>2056 Oxford Heights</u>
☐ Authorized	<u>Fort Mill, SC 29715</u>	☐ Authorized	<u>Fort Mill, SC 29715</u>
Person	_____	Person	_____
Other _____	☐ Other _____	Other _____	☐ Other _____
 ☐ Manager	Name: <u>Gary Klopfenstein</u>	 ☐ Manager	Name: <u>Jack Schwager</u>
☒ Member	Address: <u>1410 N. State Pkwy Unit 203</u>	☒ Member	Address: <u>981 SW 8th St</u>
☐ Authorized	<u>Chicago, IL 60610</u>	☐ Authorized	<u>Boca Raton, FL 33486</u>
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☒ Other <u>CRO</u>	☐ Other _____
 ☐ Manager	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 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.



Emanuel Balaric

Signature of an authorized person

Type in a function or change

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FUNDSEEDER HOLDINGS, 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 SECOND DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FUNDSEEDER HOLDINGS, LLC" WAS FORMED ON THE SECOND DAY OF AUGUST, A.D. 2013.

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



5377805 8300

SR# 20191710900

You may verify this certificate online at corp.delaware.gov/authenticat.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 in a small font.

Authentication: 202359085

Date: 03-02-19

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