

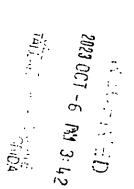
(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(8	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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2023 OCT -6 PH 2: 39 SECRETARY SE STATE





CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 053512 _ 4373439

AUTHORIZATION: Care Cleman

COST LIMIT : \$ 125'.00

ORDER DATE: October 6, 2023

ORDER TIME : 1:40 PM

ORDER NO. : 053512-005

CUSTOMER NO: 4373439

FOREIGN FILINGS

NAME: DUNN BALANCED FUND, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

COVER LETTER

TO:

го:		ation Section n of Corporations					
SUBJE	DL ር ፕ፦	JNN Balanced Fund					
C Doin	···		Name o	of Limite	d Liability C	Company	
The encl Existenc	losed "A ce, and cl	pplication by Foreigneck are submitted t	gn Limited Liability Co to register the above ref	mpany forenced	or Authoriza foreign limit	tion to Transact Business in Florida," ed liability company to transact busin	Certificate of less in Florida.
lease re	eturn all	correspondence cor	ncerning this matter to the	he follov	ving:		
		Martin H. Bergin					
			**	Name o	f Person		
	DUNN Capital Management, LLC						
			·	Firm/Co	oinpany		
		DUNN Building,	309 SE Osceola Street,	Suite 35	50	•	
				Add	ress		
		Stuart, Florida 34	994				
		-	City	/State ar	nd Zip Code	_	
		marty@dunncapita					
	•	-	E-mail address: (to be u	sed for f	uture annual	report notification)	
or furtl	her infori	mation concerning t	his matter, please call;				
David A. Kauppi			at (772	286-4777 Ext. 274		
		Name of (Contact Person	、	Area Code	Daytime Telephone Number	
	Division Registra P.O. Bo	nof Corporations ation Section ox 6327 ssee, FL 32314				STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, F1. 32301	
	Please r	d is a check for the nake check payable 5.00 Filing Fec	following amount: to: FLORIDA DEPAI \$130.00 Filing Fee Certificate of S	ا ی، و	\$155.00	Filing Fee & S160.00 Filing is ed Copy of Status & Cert	

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:

ione unavadable, enter alternate name :	adopted for the purpose of transacting business in Flo	wida. The alternate i	name must include "Limited Li	ability Company," "L!	U.C." or "LLC")		
Delaware		2					
(farisdiction under the law of which foreign limited hability company is organized)		(l'El number, il applicable)					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0908, F.S. to determ	registration.) ine penalty fiability)					
DUNN Building		DUN	IN Building				
(Street Address of Pane)	pal Office)	6	(Mailing Ad	dress)			
309 SE Osceola Street,	Suite 350	309 SE Osceola Street, Suite 350					
Stuart, Florida 34994	Stuart, Florida 34994						
Name and street address o	f Florida registered agent: (P.O. Box	C <u>NOT</u> accept	able)	(A - 	.		
D Name:	avid A. Kauppi		_	ECRETA			
DOffice Address:	DUNN Building, 309 SE Osceola St, Suite 350		_	RY OF	العمامية إلى ال		
S	tuart		34994 , Florida	STAT	ა 🦈		
	(City)		1Zip co	ode) (Tri CC			

Fitle or Capacity:	Name and Address:	Title or Capacity	<u>:</u>	Name and Address:
■ Manager	Name: DUNN Capital Management, LLC	Manager	Name:	
Member	Address:	Member	Address:	
Authorized	Suite 350	Authorized		
Person	Stuart, Florida 34994	Person		
Other	Other	Other		Other
Manager	Name:	☐ Manager	Name:	
Member	Address:	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
ndexed individuals O. Attached is a cert urisdiction under the of the translator mu O. This document if	Ise an attachment to report more than six (6). The may be added to the index when filing your Flourificate of existence, no more than 90 days old, does law of which it is organized. (If the certificate state submitted) is executed in accordance with section 605.0203 ment to the Department of State constitutes a thir	rida Department of Statuly authenticated by the is in a foreign language (1) (b). Florida Statutes	e Annual Reports official havires, a translation	ort form, ng custody of records in the of the certificate under oa hat any false information
	DX/L.			

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

DELAWARE, DO HEREBY CERTIFY "DUNN BALANCED FUND, 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 SIXTH DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DUNN BALANCED FUND, LLC" WAS FORMED ON THE FIFTH DAY OF OCTOBER, A.D. 2023.

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

Authentication: 204324116

Date: 10-06-23