## M23000014534

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## COVER LETTER

	Registration Section Division of Corporations					
CHD IEC'	San Blas Securities, LLC					
SUBJEAU	Name of Limited Liability Company					
The enclo Existence	sed "Application by Foreign Limited Liability, and check are submitted to register the above	y Company for Authorization to Transact Business in Florida." Certificate o e referenced foreign limited liability company to transact business in Florida				
Please ret	urn all correspondence concerning this matter	to the following:				
	Renada Sparks					
		Name of Person				
	San Blas Advisory, Inc.					
Firm/Company 3424 Peachtree Road, Suite 2200						
	Atlanta, GA 30326					
		City/State and Zip Code				
	renada.sparks@sanblassecurities.com					
	E-mail address: (to	be used for future annual report notification)				
For furth	er information concerning this matter, please	call:				
Renada Sparks		770 905-7943 at ()				
	Name of Contact Person	at () Area Code Daytime Telephone Number				
Mailing Address:		Street Address: Registration Section				
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 D  S125.00 Filing Fee S130.00 Filing Certificat	EPARTMENT OF STATE				

## 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:

(Name of Foreign	C Limited Liability Company, must include "Limited	I Liability	Company," "L.L.C.," or "LLC.")		
f name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	orida. The	elternate name must include "Limited Liability Con	npany," "L.L.C," or "LL.C	
Delaware			82-2542915		
(Jurisdiction under the law of which foreign limited liability company is organized)		3.	(FEI number, if applicable)		
April 13, 2017					
	(Date first transacted business in Florida, if prior to (See sections 603.0904 & 605.0905, F.S. to determine	registration ne penalty	i) liability)		
3424 Peachtree Road			Same as Physical Location		
treet Address of Principal Office)		6.	(Mailing Address)		
Suite 2200					
Atlanta, GA 30326					
				21	
. Name and street addres	ss of Florida registered agent: (P.O. Box	<u> 1001</u>	acceptable)		
	Registered Agent Solutions, Inc.			. •	
Name:			<del></del>	- <del>-</del> : :	
Office Address:	2894 Remington Green Ln.Ste. A			• •	
Office Address:	Tallahassee		32308 , Florida	ament nam nga	
	(Cky)		(Zip code)		

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited fiability 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.

Assistant Secretary on Behalf of Registered Agent Solutions, Inc.
(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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Eric Small	■Manager	Name: Alex McKenzie
□Member	Address: 125 South Wacker Ave.	□Member	Address:
<b>■</b> Authorized	Suite 300	□Authorized	Suite 2200
Person	Chicago, IL 60606	Person	Atlanta, GA 30326
Other	Other	□Other	Other
■Manager	Name:	■Manager	Name: Alex Palmieri
□Member	Address: 9303 Longwood Court	□Member	Address: 245 Fifth Ave.
□Authorized	Tampa, FL 33747	□Authorized	Swite 8703
Person		Person	New York, NY 10016
□Other	Other	□Other	□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.

<u>Delaware</u>

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The First State

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

DELAWARE, DO HEREBY CERTIFY "SAN BLAS SECURITIES 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 EIGHTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAN BLAS SECURITIES LLC" WAS FORMED ON THE THIRTEENTH DAY OF APRIL, A.D. 2017.

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



Jeffrey W. Bulliock, Secretary of State

Authentication: 204097583