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Florida Department of State
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To:

Division of Corporations
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Account Name : C T CORPORATION SYSTEM
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RECEIVED
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
MAPLE STREET ADVISORS LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$3,213.75

2024 MAR 12 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FL

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MS

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MAPLE STREET ADVISORS, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC.")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC."

2. Delaware 3. 43-2010755
(Jurisdiction under the law of which foreign limited liability company is organized) (FID number, if applicable)

4. April 14, 2003
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0601 & 605.0605, F.S., to determine penalty liability)

5. 7272 E. Indian School Rd., Suite 400 6. 7272 E. Indian School Rd., Suite 400
(Street Address of Principal Office) (Mailing Address)
Scottsdale, AZ 85251 Scottsdale, AZ 85251

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

Name: C T Corporation System

Office Address: 1200 S Pine Island Rd #250

Plantation, Florida 33324
(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 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.

Kaity Toon Kaity Toon, Asst. Secretary
(Registered agent's signature)

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TALLAHASSEE, FL

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:

☐ Manager Name: Cornerstone Advisors of Arizor

☒ Member Address: 7272 E. Indian School Rd.

☐ Authorized Suite 400

Person Scottsdale, AZ 85251

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Kelly Dwyer

☐ Member Address: 7272 E. Indian School R

☒ Authorized Suite 400

Person Scottsdale, AZ 85251

☐ Other _____ ☐ Other _____

☐ Manager Name: Scott A. Sommer

☐ Member Address: 7272 E. Indian School R

☒ Authorized Suite 400

Person Scottsdale, AZ 85251

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ 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.

Kelly Dwyer

034363024 / 034363024...

Signature of an authorized person

Kelly Dwyer

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAPLE STREET 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 TWENTY-NINTH DAY OF FEBRUARY, A.D. 2024.

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



3170086 8300

SR# 20240804877

You may verify this certificate online at corp.delaware.gov/authver.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: 202916927

Date: 02-29-24