

From: Danielle Sonntag  
4/11/24, 3:52 PM

Fax: 18132518715

To:

Fax: (850) 617-6383

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04/11/2024 4:11 PM

Division of Corporations

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**M24000004726**

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 : LIESER SKAFF ALEXANDER, PLLC  
Account Number : I20150000057  
Phone : (813)280-1256  
Fax Number : (813)251-8715

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

Email Address: blakef@fellowsfg.com

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2024 APR 11 PM 4:37

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company  
Significance Financial Group LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 04       |
| Estimated Charge      | \$125.00 |

2024 APR 11 PM 2:50

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**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: Significance Financial Group LLC**\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Ghada Skaff

\_\_\_\_\_  
Name of Person

Lieser Skaff

\_\_\_\_\_  
Firm/Company

403 N. Howard Ave

\_\_\_\_\_  
Address

Tampa, FL 33606

\_\_\_\_\_  
City/State and Zip Code

blakef@fellowsfg.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ghada Skaff

813

280-1256

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person\_\_\_\_\_  
Area Code\_\_\_\_\_  
Daytime Telephone Number**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee☐ \$130.00 Filing Fee &  
Certificate of Status☐ \$155.00 Filing Fee &  
Certified Copy☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

## 1. Significance Financial Group LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. Virginia

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-3302855

(FBI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

208 Church St SE Ste 210

(Street Address of Principal Office)

Leesburg, VA, 20175 - 3053

208 Church St SE Ste 210

(Mailing Address)

Leesburg, VA, 20175 - 3053

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

Name:

Lieser Skaff

Office Address:

403 N Howard

Tampa

(City)

Florida

33606

(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.*

(Registered agent's signature)

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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>                 |
|---|--|---|--|
| <input checked="" type="checkbox"/> Manager | Name: <u>Blake Fellows</u>               | <input checked="" type="checkbox"/> Manager | Name: <u>Christopher Dunham</u>          |
| <input type="checkbox"/> Member             | Address: <u>208 Church St SE Ste 210</u> | <input type="checkbox"/> Member             | Address: <u>208 Church St SE Ste 210</u> |
| <input type="checkbox"/> Authorized         | <u>Leesburg, VA, 20175 - 3053</u>        | <input type="checkbox"/> Authorized         | <u>Leesburg, VA, 20175 - 3053</u>        |
| Person                                      | _____                                    | Person                                      | _____                                    |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____     | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____     |
| <br>  |  | <br>  |  |
| <input checked="" type="checkbox"/> Manager | Name: <u>Vincent Goyal</u>               | <input type="checkbox"/> Manager            | Name: _____                              |
| <input type="checkbox"/> Member             | Address: <u>208 Church St SE Ste 210</u> | <input type="checkbox"/> Member             | Address: _____                           |
| <input type="checkbox"/> Authorized         | <u>Leesburg, VA, 20175 - 3053</u>        | <input type="checkbox"/> Authorized         | _____                                    |
| Person                                      | _____                                    | Person                                      | _____                                    |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____     | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____     |
| <br>  |  | <br>  |  |
| <input type="checkbox"/> Manager            | Name: _____                              | <input type="checkbox"/> Manager            | Name: _____                              |
| <input type="checkbox"/> Member             | Address: _____                           | <input type="checkbox"/> Member             | Address: _____                           |
| <input type="checkbox"/> Authorized         | _____                                    | <input type="checkbox"/> Authorized         | _____                                    |
| Person                                      | _____                                    | Person                                      | _____                                    |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____     | <input type="checkbox"/> Other _____        | <input type="checkbox"/> 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.

  
\_\_\_\_\_  
Signature of an authorized person

Blake Fellows

\_\_\_\_\_  
Typed or printed name of signer

# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Significance Financial Group LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on October 5, 2020; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

That the limited liability company is current in the payment of all registration fees assessed against it by the Commission pursuant to the Virginia Limited Liability Company Act as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

March 18, 2024

Bernard J. Logan, Clerk of the Commission