Division of Corporations

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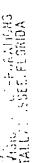
From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

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Foreign Limited Liability Company Clarum Advisors LLC



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15612148442

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTIED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limite	d Liabilii	y Company," "L.1.,C.," or "LLC.")		
If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	ends. The s	ternate name must include "Limited Liability Company," "L.L.	C," or "LLC."	
Delaware			33-1670040		
(Jurisdiction under the law of which foreign limited liability company is organized)		3.	(FEI mumber, if applicable)		
),	Observed by the first proposed by the served in Florida, if prior to	manis Italian			
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. in determ	ine penalty	(a) liability)		
525 Okeechobee Blvd, Suite 800			525 Okeechobee Blvd, Suite 800		
(Street Address of F	Principal Office)	6.	(Mailing Address)		
West Palm Beach, FL 33401			West Palm Beach, FL 33401		
. Name and street addres	s of Florida registered agent: (P.O. Box	: <u>NOT</u> :	occeptable)		
				202	
Name:	Corporate Creations Network Inc.			2024 OC F 3	
Office Address:	801 US Highway 1				
	North Palm Beach		33408 . Florida	64:6:17	
	(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.

Joanna Fernandez	Joanna Fernandez, Special Secretary
 (Registered agent sixenature)	

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Johannes Vrins Alexander Weiss ■Manager Name: Manager Name: Address: _____525 Okeechobee Blvd 525 Okeechobee Blvd Address: ■ Member Member Suite 800 Suite 800 Authorized Authorized West Palm Beach, FL 33401 West Palm Beach, FL 33401 Person Person Other____ Other Other Other Manager | Manager Name: Name: Member Address: Member Address: Authorized Authorized Person Person Other____ Other____ Other____ Other____ Name: Name: _____ Manager Manager Member Address: ☐ Member Address: Authorized Authorized Person Person _______ Other____ Other___ Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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

Alexander Weiss

Typed or printed name of signer



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

DELAWARE, DO HEREBY CERTIFY "CLARUM 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-EIGHTH DAY OF OCTOBER, A.D. 2024.

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

Authentication: 204731466

Date: 10-28-24