

119500003288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

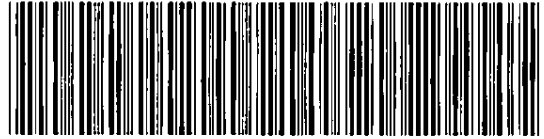
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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T. LEMIEUX  
MAR 06 2025

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** COPPERLEAF CAPITAL, 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:

ALYSSA DAVIS

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

AMERILIFE

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

2650 MCCORMICK DR 200S

\_\_\_\_\_  
Address

CLEARWATER, FL 33759

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

ENTITY@AMERILIFE.COM

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

For further information concerning this matter, please call:

ALYSSA DAVIS

727 726-0726  
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

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. COPPERLEAF CAPITAL, 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. DELAWARE  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-2687350  
(FEI 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)

5. 5904 SIX FORKS RD, STE 201  
(Street Address of Principal Office)

6. 2650 MCCORMICK DR, 200S  
(Mailing Address)

RALEIGH, NC 27609  
CLEARWATER, FL 33759

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

Name: CORPORATION SERVICE COMPANY

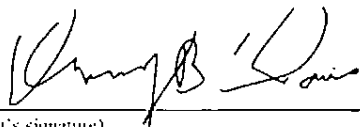
Office Address: 1201 HAYS STREET

TALLAHASSEE, Florida 32301  
(City) (Zip code)

2025 FEB 28 PM 12:23

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)

Harry B Davis Asst VP

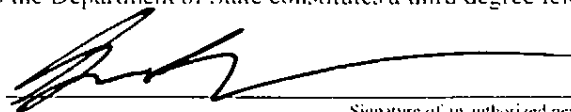
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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>Brookstone Capital Management LLC</u> | <input type="checkbox"/> Manager               | Name: <u>Gideon Moore</u>            |
| <input type="checkbox"/> Member             | Address: <u>2650 McCormick Dr</u>              | <input type="checkbox"/> Member                | Address: <u>2650 McCormick Dr</u>    |
| <input type="checkbox"/> Authorized         | <u>Clearwater, FL 33759</u>                    | <input checked="" type="checkbox"/> Authorized | <u>Clearwater, FL 33759</u>          |
| Person                                      | _____                                          | Person                                         | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager        | Name: _____                                    | <br><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 _____ |
| <br><input type="checkbox"/> Manager        | Name: _____                                    | <br><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

GIDEON MOORE

Typed or printed name of signee

# Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COPPERLEAF CAPITAL, 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 EIGHTEENTH DAY OF FEBRUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COPPERLEAF CAPITAL, LLC" WAS FORMED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

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



*C. P. Sanchez*

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 202955121

Date: 02-18-25

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