P190005765

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

M. MOON JAN 1 8 2019



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FILE D

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 1/17/2019 **WAL	K IN
NTITY NAME HIGH ROAD ADVISORS CORP.	
DOCUMENT NUMBER	
PLEASE FILE THE ATTACHED AND RETURN	
Plain Copy #5. 6	-11
XXX Certified Copy	
Certificate of Status	- K.
	£ `
Plain Copy Certified Copy Certificate of Status **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	٠ / ١
Certified Copy of Arts & Amendments	
Certificate of Good Standing	
APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATION	
YUMBER OF CERTIFICATES REQUESTED	
OTAL OWED \$78.75 CHECK # 5681	_

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

UBJECT:	H ROAD ADVISORS CORP.		
, obat., c 1	(PROPOSED CORPOR	RATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an o	original and one (1) copy of the a	urticles of incorporation and	d a check for:
monace are are	mightar talle one (1) expy or the te	z z z z z z z z z z z z z z z z z z z	a a check hhi
\$7 0.00	\$78.75	⊠ \$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM:	DOLORES BURTON		
	Nan	ne (Printed or typed)	
!	100 STATE STREET, SUITE 800		
_		Address	
,	ALBANY, NY 12207		
_		y, State & Zip	₩
	On,	y, mate to hap	
8	377-894-9049 EXT 217		SECRETANA SE
_	Daytime	Telephone number	
S	SUSAND@JCDPC.COM		notification)
	E-mail address: (to be us	ed for future annual report i	notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

KIICLEII PRONC	TIDAL OFFICE		
1938 North West 53rd	CIPAL OFFICE Principal street address Street	ì	Mailing address, if different is:
Boca Raton, Florida 3			
ARTICLE III PURPO The purpose for which t	OSE the corporation is organized is:	 	·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·
Financial Services		· · · · · · · · · · · · · · · · · · ·	<u> </u>
			19 J
			A. C. A.
ARTICLE IV SHAR The number of shares of	ES 200 Shares		Co. The second s
ARTICLE V INITI	AL OFFICERS AND/OR DIRECTORS		
Name and Title	Jordan Waxman, President	Name and Title:	Richard Steinberg, Vice President
Address	*' 		
Address	3938 North West 53rd Street		10 Mission Way
Address	3038 North West 53rd Street		10 Mission Way
Address	3938 North West 53rd Street		10 Mission Way Tenafly, NJ 07670
Address Name and Title	3938 North West 53rd Street Boca Raton, Fl 33496	Address:	10 Mission Way Tenafly, NJ 07670
	3938 North West 53rd Street Boca Raton, Fl 33496	Address: Address: Name and Title:	10 Mission Way Tenafly, NJ 07670
Name and Title	3938 North West 53rd Street Boca Raton, Fl 33496	Address: Address: Name and Title:	10 Mission Way Tenafly, NJ 07670
Name and Title	3938 North West 53rd Street Boca Raton, Fl 33496	Address: Address: Name and Title:	10 Mission Way Tenafly, NJ 07670
Name and Title Address	3938 North West 53rd Street Boca Raton, Fl 33496	Address: Name and Title: Address:	10 Mission Way Tenafly, NJ 07670
Name and Title Address	3938 North West 53rd Street Boca Raton, Fl 33496	Address: Name and Title: Address: Name and Title:	10 Mission Way Tenafly, NJ 07670

Name a	nd Title:	Name and Title:
.Addr e s	s	Address:
ARTICLE VI	REGISTERED AGENT	
	lorida street address (P.O. Box NOT acceptable) of	f the registered agent is:
Name:	Jordan Waxman	-
Address:	3938 North West 53rd Street	_
	Boca Raton, FL 33496	
		32.00 J
ARTICLE VII	<u>INCORPORATOR</u>	T AND THE
The name and a	ddress of the Incorporator is:	9: 3
Name:	Jordan Waxman	
Address:	3938 North West 53rd Street	
	Boca Raton, FL 33496	~
Effective date, if (If an effective of filing.)		. (OPTIONAL) t be more than five days prior or 90 days after the
	e inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
	med as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in distinct fixed and agree to act in this capacity
(8)	\mathcal{M}_{-}	1/16/19
	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
(Ann	\mathcal{M}_{-}	1/16/19
Requ	red Signature/Incorporator	Date

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