

2/24/2017

Division of Corporations

F1700000885

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
Advisor Solutions, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

SECRET
STATE OF FLORIDA
TALLAHASSEE, FLORIDA
2017 FEB 24 AM 11:17

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TALLAHASSEE, FLORIDA

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FEB 27 2017

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Advisor Solutions, Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Delaware 81-5371485

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FBI number, if applicable)
February 13, 2017

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
February 13, 2017

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, P.S., to determine penalty liability)
139 Charles Street, Suite 398, Boston, MA 02114

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: CT Corporation System
1200 South Pine Island Road

Office Address: Plantation, Florida 33324
(City) (Zip code)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.


ANN J. WILLIAMS
Assistant Vice President
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Tim Bellig
6685 Owens Drive, Pleasanton, CA 94588
 Address: _____

Vice Chairman: _____
 Address: _____

Director: Stephen R. Fleischer
695 West Lake Drive, Naples, FL 34102
 Address: _____

Director: Sharon Havener
121 N. Roscoe Blvd., Ponte Vedra Beach, FL 32082
 Address: _____

B. OFFICERS

President: Carol Rando
139 Charles Street, Suite 398, Boston, MA 02114
 Address: _____

Vice President: Tim Bellig
6685 Owens Drive, Pleasanton, CA 94588
 Address: _____

Secretary: Sharon Havener
121 N. Roscoe Blvd., Ponte Vedra Beach, FL 32082
 Address: _____

Treasurer: Stephen R. Fleischer
695 West Lake Drive, Naples, FL 34102
 Address: _____

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Carol Rando, President
 (Typed or printed name and capacity of person signing application)

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVISOR SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2017.

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

Handwritten signature of Jeffrey W. Bullock in black ink.

Jeffrey W. Bullock, Secretary of State

6315694 8300

SR# 20171243441

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

Authentication: 202096020

Date: 02-24-17