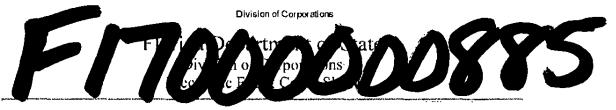
2/24/2017



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (614)280-3338

Phone Fax Number

: (954)208-0845

**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 PROFIT/NONPROFIT CORPORATION

Advisor Solutions, Inc.

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To:

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Enter name of c	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(If name unavail) Delaware	able in Florida, enter alternate corporate name o	81-5371485	ing business in Florida)
February 13, 20	y under the law of which it is incorporated)	(FBI number, if a	
(Date of incorporation) (Date of duration, if other than perpetual) February 13, 2017		r than perpetual)	
139 Charles Stree	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 t, Suite 398, Boston, MA 02114 (Princip	Florida, if prior to registration) 02, P.S., to determine penalty liabs Bloffice address)	ility)
		g address, if different)	2011
Name and <u>stree</u> Name:	il address of Florida registered agent: (P.O CT Corporation System		FEB 24 A
ice Address:	1200 South Pine Island Road Plantation	33324	
	(City)	, Florida (Zip code)	J
ving been nam Agnated in this Ther agree to c	eat's accoptance: ed as registered agent and to accept servic application, I hereby accept the appoint amply with the provisions of all statutes re amiliar with and accept the obligations of	sent as registered agent and as stative to the proper and comp	gree to act in this capaci lete performance of my nt.

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	s and/or directors:		
A. DIRECTORS Tim Bellig	-		
Chairman: 6685 Owens Drive, Pleasanton, CA 945	70.D		
Address:			
Vice Chairman:			
Address:			
Stephen R. Fleischer Director:			
695 West Lake Drive, Nuples, FL 34102 Address:	?		
Sharon Havener	177 <u></u>		
Director: 121 N. Roscoe Blvd., Ponte Vedra Beac. Address:	h, FL 32082		
			7
B. OFFICERS Carol Rando President:			12.5 25.6
139 Charles Street, Suite 398, Boston, M Address:			00 PS 60 PS
Tim Bellig			in _e ,
Vice President:			<u>9:-</u> []]
Sharon Havener			·
Secretary: 121 N. Roscon Blvd., Ponte Vedru Beach	, FL 32082		
Address: Stephen R. Fleischer			
Treasurer: 695 West Lake Drive, Naples, FL 34102		· · · · · · · · · · · · · · · · · · ·	

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 Rundo, President

(Typed or printed name and capacity of person signing application)



Page 1

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.

6315694 8300
SR# 20171243441
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202096020

Date: 02-24-17