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15 MAY -4 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M11000005517

1 Limited Liability Company's Name
Washington Wealth Management, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3570 Carmel Mountain Road	3570 Carmel Mountain Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 150	Suite 150
City & State	City & State
San Diego, CA	San Diego, CA
Zip / Country	Zip / Country
92130 / USA	92130 / USA

CR2E041 (1/14)

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 11/2/2011

6. FEI Number: 273523207 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable) Suite:
1200 South Pine Island Road

Apt. # Etc.

City: Plantation | State: FL | Zip Code: 33324

REINSTATEMENT
2013-2015

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Evan A. Michael	340 Madison Avenue, 20th Floor	New York, NY 10173
MGR	Edward O'Maley	1250 Capital of Texas Highway South	Austin, TX 78746
		Building 2, Suite 125	
MGR	Brett Schneider	340 Madison Avenue, 20th Floor	New York, NY 10173
AR	Scott Wilson	3570 Carmel Mountain Road, Suite 150	San Diego, CA 92130

11. E-mail Address: dhrankaj@nfp.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am 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.

Signature of authorized representative/member _____ Date 5/1/2015 Daytime Phone # (212) 301-4000

Typed or printed name of signing authorized representative/member Evan A. Michael

MAY 4 2015

M. WILLIAMS

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
WASHINGTON WEALTH MANAGEMENT, LLC

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