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(Re	equestor's Name)	
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

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TO:	Registration Section Division of Corporations			
SUBJE	TQM WEALTH PARTNERS LLC			
	Name of Limited Liability Company			
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida			
Please	eturn all correspondence concerning this matter to the following:			
	MARCEL QUIROGA			
	Name of Person			
	TQM WEALTH PARTNERS			
Firm/Company				
	9 LINCOLN PARK			
	Address			
	MARBLEHEAD MA 01945			
	City/State and Zip Code			
	marcel@tqmwealthpartners.com			
	E-mail address: (to be used for future annual report notification)			
For furt	her information concerning this matter, please call:			
	MARCEL QUIROGA 617 480-1077 at ()			
	Name of Contact Person Area Code Daytime Telephone Number			
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301			
Enclose	d is a check for the following amount: \$\Boxed{1} \\$125.00 \text{ Filing Fee} \text{ \$\begin{array}{c} \$130.00 \text{ Filing Fee & } \text{ \$\begin{array}{c} \$155.00 \text{ Filing Fee & } \text{ \$\begin{array}{c} \$160.00 \text{ Filing Fee, Certificate of Status} \text{ \$\text{Certified Copy} \text{ \$\text{of Status & Certified Copy} \text{ \$\text{Certified Copy} \text{ \$\text{of Status & Certified Copy} \text{ \$\text{Certified Copy} \$\text{Cert			



May 16, 2016

MARCEL QUIROGA 9 LINCOLN PARK MARBLEHEAD, MA 01945

SUBJECT: TQM WEALTH PARTNERS, LLC

Ref. Number: W16000035613

We have received your document for TQM WEALTH PARTNERS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 416A00010312

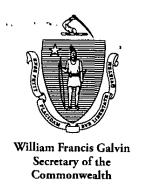


APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

	eign Limited Liability Company; must include "Limited	a Liability Company," "L.L.C.,"	or "LLC.")		
	Iternate name adopted for the purpose of transacting bu	siness in Florida. The alternate n	ame must ir	nclude '	'Limited
Liability Company," "L.L.C,"	•	730			
2. MA	of which foreign limited liability 3. 81-14347	(FEI number, if applicab	le)		
company is organized)	of which foreign minica matrixy	(i Li numoei, ii applicao	10)		
1	(Date first transacted business in Florida, if pr	ior to registration.)	_		
	(See sections 605.0904 & 605.0905, F.S. to dete	rmine penalty liability)			
					
9 LINCOLN PARK	(Street Address of Principal Office)				
6.					
	ARBLEHEAD MA 01945		ALL ALL	16	
	(Mailing Address)				
7. Name and street addres	ss of Florida registered agent: (P.O. Box NOT ac	cceptable)	ARY	27	Commun.
Name:	MICHAEL E. WALSH		71125. 	==	
Office Address:	2655 NORTH OCEAN DR. SUITE 100		STATE TORID	င္မာ	C
	SINGER ISLAND	, Florida 33404	D.A	9	
	(City)	(Zip code)			
	<i>Όιςτρηρα αθρητ απά το ασσρηί ςρηνίσε οι πρόσεςς τ</i>			party a	
Having been named as re designated in this applica to complywith the provision	gistered agent and to accept service of process fortion, I hereby accept the appointment as register ons of all statutes relative to the proper and commy position as registered agent.	ed agent and agree to act in i	his capaci	ity. If	urther ag
Having been named as re designated in this applica to complywith the provision	tion, I hereby accept the appointment as register ons of all statutes relative to the proper and com	ed agent and agree to act in t plete performance of my duti	his capaci	ity. If	urther ag
Having been named as redesignated in this application complywith the provision accept the obligations of research. 8. The name, title or capa	tion, I hereby accept the appointment as register ons of all statutes relative to the proper and commy position as registered agent. (Registered agent's signal acity and address of the person(s) who has/have at	red agent and agree to act in a plete performance of my duti ture)	his capaci	ity. If	urther ag
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Having been named as redesignated in this applicate to complywith the provision accept the obligations of a MARCEL QUIROGA - OP LINCOLN PARK MARBLEHEAD MA 019 O. Attached is a certificate urisdiction under the law of the translator must be sufficient to the content of the translator must be sufficient of the translator must be sufficient of the translator must be sufficient or the sufficient of the translator must be sufficient or the sufficient of the translator must be sufficient or the sufficient of the translator must be sufficient or the sufficient of the translator must be sufficient or the sufficient of the	rion, I hereby accept the appointment as register ons of all statutes relative to the proper and commy position as registered agent. (Registered agent's signal acity and address of the person(s) who has/have at DWNER (Registered agent's signal acity and address of the person(s) who has/have at DWNER (Additional action of the person o	enticated by the official havin oreign language, a translation	g custody of the cert	ity. If	orther ag ailiar with

Typed or printed name of signee



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

May 4, 2016

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

TQM WEALTH PARTNERS, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on February 11, 2016.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: MARCEL V. QUIROGA

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: MARCEL V. QUIROGA

The names of all persons authorized to act with respect to real property listed in the most recent filing are: MARCEL V. QUIROGA



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

Mein Tranin Galein