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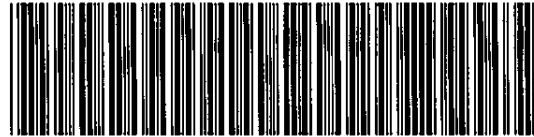
(Business Entity Name)

(Document Number)

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16 NOV 23 AM 8:21

NOV 28 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Institutional Advisory Group LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Thomas A. Gamon

Name of Person

Institutional Advisory Group LLC

Firm/Company

50 North Caserea Court

Address

Vero Beach, Florida 32963

City/State and Zip Code

tgamon@iagadvisoryllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Gamon

973

908-8882

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2016

THOMAS A GAMON
50 NORTH CASEREA COURT
VERO BEACH, FL 32963

SUBJECT: INSTITUTIONAL ADVISORY GROUP L.L.C.
Ref. Number: W16000077613

RECEIVED
2016 NOV 23 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for INSTITUTIONAL ADVISORY GROUP L.L.C. and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

State seal and signature is missing on Certificate of Good Standing. (Appears to be on page 2 of certificate which is missing),

Please return 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: 716A00024614

FILED
2016 NOV 23 AM 8:21

**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:

1. Institutional Advisory Group, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
- (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. New Jersey 3. 26-4307816
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. November 10, 2016
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 50 North Caserea Court
Vero Beach, Florida 32963
(Street Address of Principal Office)
6. 50 North Caserea Court
Vero Beach, Florida 32963
(Mailing Address)

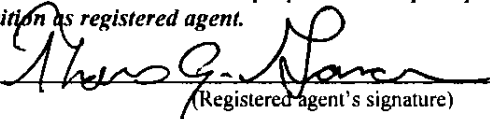
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Thomas A. Gamon

Office Address: 50 North Caserea Court
Vero Beach, Florida 32963
(City) (Zip code)

Registered agent's acceptance:

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


(Registered agent's signature)

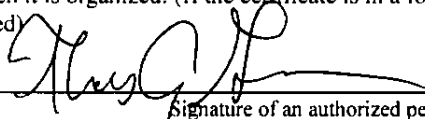
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Thomas A. Gamon, Managing Member, 50 North Caserea Court, Vero Beach, Florida, 32963

Margie F. Gamon, Managing Member, 50 North Caserea Court, Vero Beach, Florida, 32963

Stefan A. Gamon, Managing Member, 50 North Caserea Court, Vero Beach, Florida, 32963

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)


Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Thomas A. Gamon

Typed or printed name of signee

16 NOV 23 AM 8:21

FILED

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

**INSTITUTIONAL ADVISORY GROUP L.L.C.
0600339273**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on February 06, 2009.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

**THOMAS GAMON
216 WOODBINE CIRCLE
NEW PROVIDENCE, NJ 07974**

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on November 10, 2016.

MANAGING MEMBER

**THOMAS A GAMON
216 WOODBINE CIRCLE
NEW PROVIDENCE, NJ 07974**

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

INSTITUTIONAL ADVISORY GROUP L.L.C.
0600339273



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
10th day of November, 2016*

Ford M. Scudder

*Ford M. Scudder
State Treasurer*

Certificate Number : 2233497470

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp