

M18000009207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

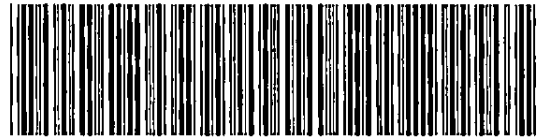
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200318194672

09/10/18--01021--020 **160.00

FILED
2018 OCT 15 AM 7:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN
10/16/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beacon Wealth Management 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:

Mark S. Germain Managing Member
Name of Person
Beacon Wealth Management, LLC
Firm/Company
4440 PGA Blvd. Suite 600
Address
Palm Beach Gardens, Florida 33410
City/State and Zip Code
mark@bwmllc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark S. Germain 201 447-9500
Name of Contact Person at (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

September 12, 2018

MARK S. GERMAIN
4440 PGA BLVD. SUITE 600
PALM BEACH GARDENS, FL 33410

SUBJECT: BEACON WEALTH MANAGEMENT LLC
Ref. Number: W18000081816

We have received your document for BEACON WEALTH MANAGEMENT LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 618A00019003

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. Beacon Wealth Management 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. 04-3703482
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. August 2018
(Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 505 Main Street 6. _____
(Street Address of Principal Office) (Mailing Address)
Suite 214
Hackensack, NJ 07601

FILED
 2018 OCT 15 AM 7:41
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Name: Mark S. Germain
 Office Address: 4440 PGA Boulevard Suite 600
Palm Beach Gardens, Florida 33410
(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:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---------------------------|--|---------------------------|--------------------------|
| <u>CEO</u> | <u>Mark Germain</u> <u>724 Pinehurst Way</u> <u>Palm Beach Gardens FLA</u> <u>33410</u> | _____ | _____ |
| | <u>MAIL ADDRESS</u> ↓ | | |
| | <u>4440 PGA Boulevard</u> | | |
| | <u>Suite 600</u> | | |
| | <u>Palm Beach Gardens FLA 33410</u> | | |

(Use attachments if necessary)

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)

10. 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.

Signature of an authorized person

MARK S. Germain CEO
Typed or printed name of signer

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

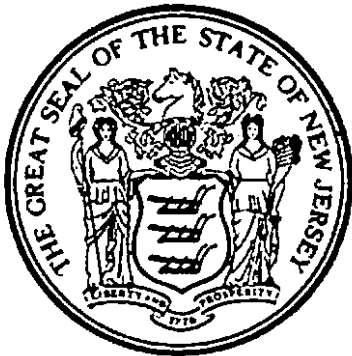
BEACON WEALTH MANAGEMENT, LLC
0600145172

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 July 10, 2002.

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:

MARK S. GERMAIN
505 MAIN STREET
SUITE 214
HACKENSACK, NJ 07601



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 3rd day of October, 2018

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6091704965

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCertiJSP/Verify_Cert.jsp