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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Private Wealth Advisers 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:

Robert A. Mathers
Name of Person

Quarles & Brady LLP
Firm/Company

1395 Panther Lane, Suite 300, Naples, FL 34109
Address

Naples, FL 34109
City/State and Zip Code

Robert.Mathers@quarles.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert A. Mathers at (920) 917-9515
Name of Contact Person — Area Code — Daytime Telephone Number

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:
Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ $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

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. Private Wealth Advisers LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Private Wealth ~~Council LLC~~ Advisers FL 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. Wisconsin
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 99-4691251
(FEI number, if applicable)

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

5. 28566 Carlow Ct., #803
(Street Address of Principal Office)

Bonita Springs, FL 34135

6. 28566 Carlow Ct., #803
(Mailing Address)

Bonita Springs, FL 34135

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

Name: Robert Mathers

Office Address: 1395 Panther Lane, Suite 300

Naples (City), Florida 34109 (Zip code)

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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.

Robert A Mathers
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☑Manager	Name: Rosie K. Mathers	☐Manager	Name: Rosie K. Mathers
☐Member	Address: 28566 Carlow Ct.	☑Member	Address: 28566 Carlow Ct.
☐Authorized	Unit 308	☐Authorized	Unit 308
Person	Bonita Springs, FL 34135	Person	Bonita Springs, FL 34135
☐Other	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name: David J. Mathers
☐Member	Address:	☑Member	Address: 28566 Carlow Ct.
☐Authorized		☐Authorized	Unit 308
Person		Person	Bonita Springs, FL 34135
☐Other	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized		☐Authorized	
Person		Person	
☐Other	☐Other	☐Other	☐Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Rosie K Mathers
Signature of an authorized person

ROSIE K. MATHERS
Typed or printed name of signee

DOM
180 181 183

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Kristie Pulvermacher, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that:

PRIVATE WEALTH ADVISERS LLC

is a domestic corporation or limited liability company organized under the laws of this state and its date of incorporation or organization December 27, 2010.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.0214 or 183.0212, Wis. Stats., and that it has not filed a Statement or Articles of Dissolution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on January 7, 2025.

Kristie Pulvermacher

KRISTIE PULVERMACHER, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

BY: Manuela Francavilla

Quarles

Quarles & Brady LLP
Attorneys at Law
1395 Panther Lane
Suite 300
Naples, Florida 34109
239-262-5959
Fax 239-434-4999
quarles.com

Writer's Direct Dial: 414-277-5139
E-Mail: Robert.Mathers@quarles.com

January 7, 2025

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

To Whom It May Concern:

Enclosed please find the Application by Foreign LLC for Authorization to Transact Business in Florida, along with the following:

- Certificate of Status of the LLC from the State of Wisconsin; and
- A check in the amount of $130.

Please contact me if you have any other questions.

Sincerely,

Robert A. Mathers

RAM:dmi
Encl.