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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**10/16/2014**

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Elizabeth Morgan & Associates, LLP**

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

**Sarah E. Bracher**

Contact Person

**Providence Family Offices, LLC**

Firm/Company

**202 S. Rome Ave., Suite #150**

Address

**Tampa, FL 33606**

City, State and Zip Code

**alerts@providencefamilyoffices.com**

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

For further information concerning this matter, please call:

**Sarah E. Bracher**

at ( **813** ) **983-7860**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
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**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA

1. Elizabeth Morgan & Associates, LLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Texas

State or Country of Formation

3. September 29, 2014

Date of Formation

4. Federal Employer Identification Number: \_\_\_\_\_

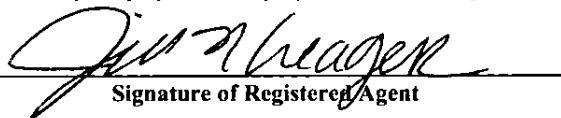
5. Name of Registered Agent for Service of Process and Florida Street Address:

C/o Providence Family Offices, LLC

202 S. Rome Ave., Suite #150

Tampa, FL 33606

6. 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.

  
Signature of Registered Agent

7. Principal Office:

10415 Morado Circle

Building 1, Suite #310

Austin, TX 78759

8. Mailing Address:

10415 Morado Circle

Building 1, Suite #310

Austin, TX 78759

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9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Elizabeth Morgan

Street Address: 10415 Morado Circle, Building 1, Suite #310

Austin, TX 78759

Mailing Address: 10415 Morado Circle, Building 1, Suite #310

Austin, TX 78759

Name of General Partner: Shelley Perry

Street Address: 5150 N. Tamiami Trail, Suite #207

Naples, FL 34103

Mailing Address: 10415 Morado Circle, Building 1, Suite #310

Austin, TX 78759

Name of General Partner: Jill Creager

Street Address: 202 S. Rome Ave., Suite #150

Tampa, FL 33606

Mailing Address: 10415 Morado Circle, Building 1, Suite #310

Austin, TX 78759

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

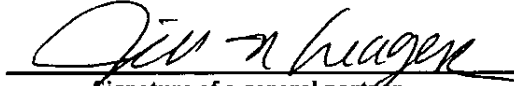
Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

11. Effective date, if other than the date of filing: \_\_\_\_\_  
 (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 1st day of October, 2014.

  
 Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is 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.

<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Nandita Berry  
Secretary of State

## Office of the Secretary of State

### CERTIFICATE OF FILING OF

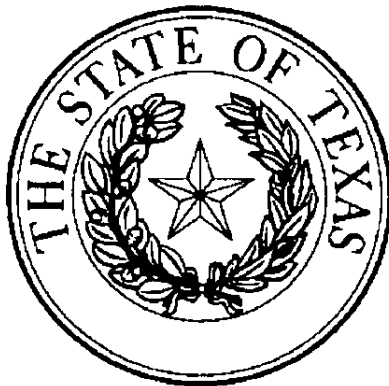
Elizabeth Morgan & Associates, LLP  
File Number: 802072530

The undersigned, as Secretary of State of Texas, hereby certifies that the Registration of a Limited Liability Partnership for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 09/29/2014

Effective: 09/29/2014



*NANDITA BERRY*

Nandita Berry  
Secretary of State

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA