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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Keystone Wealth Advisors, Inc.
Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Steven Carlson
Name of Person
Keystone Wealth Advisors, Inc.
Firm/Company
33 South 6th Street, Suite 4100
Address
Minneapolis, MN 55402
City/State and Zip code
scarlson@keystonewa.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steven Carlson at (612) 465-8118
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\times \text{Certificate of Status} \tag{\$78.75 Filing Fee & Certified Copy} \tag{\$87.50 Filing Fee, Certificate of Status & Certified Copy}

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

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	ealth Advisors, Inc.	BUSINESS IN THE STATE OF FLORIDA	FIL R 20 TARY
	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	ED PM 4: 35 OF STATE E, FLORID
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busine	ess in Florida)
2. Minnesota	3	272300847	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
4. April 25, 20	10 _{5.}	Perpetual	
(Date	e of incorporation)	(Duration: Year corp. will cease to exist or	"perpetual")
6. Have not ye	et transacted business in Florida		
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
- 22 South S	·	• • • • • • • • • • • • • • • • • • • •	
7. 33 South S	ixth Street, Suite 4100, Minne (Principal office add		
9115 Cani	strano St. South, #8206, Na	•	
0110 Oapi	(Current mailing add		
	, ,	•	
	lvisory and consultation serv		
(Purpose(s	s) of corporation authorized in home state or c	ountry to be carried out in state of Florida)	
9. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	
Name:	Steven Carlson		
Office Address:	9115 Capistrano St. South #82	06	
•	Naples	, Florida 34113	
	(City)	(Zip code)	
Having been nam designated in this further agree to co	application, I hereby accept the appoints	ice of process for the above stated corpor ment as registered agent and agree to act relative to the proper and complete perfor	in this capacity. I

(Registered agent's signature)

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

12. Names and business addresses of officers and/or directors:

A.	DIRECTORS
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14. Steven Carlson, Director

Chairman: Steven Carlson
Address: 9115 Capistrano St. South #8206
Naples, FL 34113 ₽ SE 5
Vice Chairman: Berthel Olsen
Address: 5423 Abbott Place
Edina, MN 55410
Director: Steven Carlson
Address: 9115 Capistrano St. South #8206
Naples, FL 34113
Director: Berthel Olsen
Address: 5423 Abbott Place
Edina, MN 55410
B. OFFICERS
President: Steven Carlson
Address: 9115 Capistrano St. South #8206
Naples, FL 34113
Vice President: Berthel Olsen
Address: 5423 Abbott Place
Edina, MN 55410
Secretary: Berthel Olsen
Address: 5423 Abbott Place, Edina, MN 55410
Treasurer: Steven Carlson
Address: 9115 Capistrano St. South #8206, Naples, FL 34113
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she 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.

(Typed or printed name and capacity of person signing application)

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: Keystone Wealth Advisors, Incorporated

Date filed: 04/06/2010

File Number: 3788083-2

Minnesota Statutes, Chapter: 302A

Home Jurisdiction: Minnesota

This certificate reflects data thru: 03/01/2012

This certificate has been issued on: 03/30/2012

ECRETARY OF STATE

IPR 20 PH 4: 3



Mark Ritchie
Mark Ritchie

Secretary of State
State of Minnesota