-1400001534

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------------|
| (Δά | ldress) | |
| (<i>,</i> (c | arcas) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | ; #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| | ion of Cor | | | |
|---|-------------|--|--|--|
| SUBJECT: | Bollin | ger, Wells, Lett 8 | & Co., Inc. | |
| | | | ion - must include suffix | |
| Dear Sir or M | ladam: | | | |
| "Certificate o | f Existence | | for Authorization to Transac Standing" and check are subr Siness in Florida. | |
| Please return | all corresp | ondence concerning this ma | atter to the following: | |
| Alan K. | Wells | | | |
| | | Name | of Person | _ |
| Bollinge | r, Wel | ls, Lett & Co., Ind | C | |
| | | | Company | |
| 929 Ter | ndilla A | lvenue | | |
| | | Ac | ldress | |
| Coral G | ables, | FL 33134 | | |
| | | City/Stat | e and Zip code | |
| alan.well | s@bol | lingerwells.com | | |
| | | E-mail address: (to be us | ed for future annual report n | otification) |
| For further in | formation (| concerning this matter, plea | se call: | |
| Alan K. | Wells | _{at (} 212 | , 697-7174 | |
| Nam | e of Persor | n Ar | ea Code & Daytime Telepho | one 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 Fil | ing Fee | □ \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certificate of Status & Certified Copy |



March 24, 2014

ALAN K. WELLS 929 TENDILLA AVENUE CORAL GABLES, FL 33134

SUBJECT: BOLLINGER, WELLS, LETT & CO., INC.

Ref. Number: W14000018638

We have received your document for BOLLINGER, WELLS, LETT & CO., INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

A brief description of the entity's nature of business must be included in the document.

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.

Letter Number: 314A00006288

Carol Mustain Regulatory Specialist II

www.sunbiz.org

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| , Bollinger, | Wells, Lett & Co., Inc. | | | | |
|--|---|--|-----------|------------------|--|
| | orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.") | "COMPANY," "CORPORATION," | | | |
| | | | | | |
| (If name unavaila | ble in Florida, enter alternate corporate name ac | dopted for the purpose of transacting business | in Florid | <u>a)</u> | |
| , Delaware | 3 | 3-3008561 | | | |
| (State or country u | under the law of which it is incorporated) | (FEI number, if applicable) | | | |
| Decembe | er 31, 1979 | erpetual | | | |
| (Date | · • · • · | Duration: Year corp. will cease to exist or "perpetual") | | | |
| _{s.} January 1 | I, 2014 | | | ĭ., , | |
| | (Date first transacted business in | | 4 | VISE : | |
| (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty lial | | • | APR | ESS. | |
| _{7.} 929 renai | lla Avenue, Coral Gables, l | 4.4.4 | <u> </u> | | |
| (Principal office address) | | | 170 | | |
| 929 Tendilla Avenue, Coral Gables, FL 33134 | | _ | <u> </u> | | |
| | (Current mailing addre | iss) | | | |
| , Investment | t bankers which originate liquid | dity events for owners of comp | oanies | <i>i</i> ⊼ 3. | |
| (Purpose(s) | of corporation authorized in home state or cou | ntry to be carried out in state of Florida) | | | |
| 9. Name and stree | t address of Florida registered agent: (P.O. | Box NOT acceptable) | | | |
| | Alan K. Wells | <u></u> | | | |
| Name: | - | | | | |
| Office Address: | 929 Tendilla Avenue | | | | |
| | Coral Gables | , Florida 33134 | | | |
| | (City) | (Zip code) | | | |
| 10 Registered so | gent's acceptance: | | | | |
| Having been name | ed as registered agent and to accept servic | | | | |
| | application, I hereby accept the appointm omply with the provisions of all statutes re | | | | |
| | amiliar with and accept the obligations of | | nunce o | y my | |
| | \bigcap | | | | |
| | (Jak Ville | - | | | |
| | (Registered agent's sig | nature) | | | |

^{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 Chairman: Vice Chairman: Address: __ Director: _ **B. OFFICERS** President: Alan K. Wells Address: 929 Tendilla Avenue, Coral Gables, FL 33134 Vice President: Address: ___ Secretary: Alan K. Wells Address: 929 Tendilla Avenue, Coral Gables, FL 33134 Treasurer: **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. 14. Alan K. Wells

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BOLLINGER, WELLS, LETT & CO., INC."

IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND

IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR

AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF

MARCH, A.D. 2014.

0884336 8300

140314002

Jeffrey W. Bullock, Secretary of State

AUTHENT CATION: 1205720

DATE: 03-13-14

You may verify this certificate online at corp.delaware.gov/authver.shtml