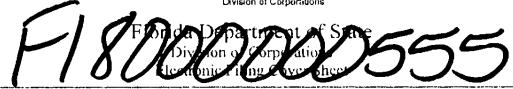
2/2/2018

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

**Enter the email address for this business'entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:__

FOREIGN PROFIT/NONPROFIT CORPORATION

ENVESTNET ASSET MANAGEMENT, INC.

Certificate of Status	0
Certified Copy	1
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Envestmet Asset Management 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:
Angel Avalos Ir. Name of Person
Mayer Brown LLP Firm/Company
71 South Wacker Drive Address
Chicago, IL 60696
Chicago, IL 60696 City/State and Zip code
lori.Inndrigan@envestnet.com
E-mail address: (to be used for future amount report notification)
For further information concerning this matter, please call:
Angel Avalos Jr
Name of Person Area Code Daytime Telephone Number
· · · · · · · · · · · · · · · · · · ·
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy

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.

(If name unavaila	ible in Florida, enter alternate corporate nam	e adopted for the purpose of transacting business in F	lorida)
2. Delaware		3. 36-4319587 (FEI number, if applicable)	«ر <u>ر</u> ــــــــ
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	~~1
4, 05/05/2000		5 Perpetual (Date of duration, if other than perpetual	الله السنيد
(Date	of incorporation)	(Date of duration, if other than perpetual	
6. Upon Qualificat	ion		را وج را وج
as their discovering any symmetry from the discovering and discovering a vi	(Date first transacted business (SEE SECTIONS 607.1501 & 607	s in Florida, if prior to registration) .1502, F.S., to determine ponalty liability)	نتر. آخ
7, 35 Bast Wacker I	Drive, STE 2400, Chicago, IL 60601		
	(Prin	cipal office address)	<u>`</u>
1801 California	Street, Floor 23, Denver, CO 80202	7	
1801 California !	Street, Floor 23, Denver, CQ 80202 (Current ma	iling address, if different)	
	(Current man extra address of Florida registered agent: (in CT Corporation System	iling address, if different)	
8. Name and stree	(Current ma	iling address, if different)	
8. Name and stree Name:	(Current man extra address of Florida registered agent: (in CT Corporation System	iling address, if different) P.O. Box NOT acceptable)	•
8. Name and stree Name:	(Current ma ct address of Florida registered agent: (i CT Corporation System 1200 South Pine Island Road	iling address, if different)	
8. Name and stree Name: Office Address: 9. Registered ag Having been nan designated in this further agree to	(Current ma ct address of Florida registered agent: (i CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ied as registered agent and to accept see application. I hereby accept the appoint	iling address, if different) P.O. Box NOT acceptable) Florida 33324 (Zip code) Trvice of process for the above stated curporation at registered agent and agree to act in the relative to the proper and complete performances.	his capacity. I
8. Name and stree Name: Office Address: 9. Registered ag Having been nan designated in this further agree to	Current ma ct address of Florida registered agent: (i CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ned as registered agent and to accept see application, I hereby accept the appointments with and accept the obligation. CT Corporation System:	iling address, if different) P.O. Box NOT acceptable) Florida 33324 (Zip code) Trvice of process for the above stated curporation at registered agent and agree to act in the relative to the proper and complete performances.	his capacity. I

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.

11. Names and business addresses of officers and/or directors:
A. DIRECTORS SEE ATTACHMENT
Chairman:
Address:
Vice Chairman;
Address:
Director:
Address:
Director:
Address:
B. OFFICERS SEE ATTACHMENT
President: Bill Crayer
Address: 35 East Wacker Drive, STE 2400
Chicago, IL 60601
Vice President: Dale Seier
Address: 1801 California Street, Floor 23
Denver, CO 80202
Secretary: Shelly O'Brien
Address: 35 East Wecker Drive, STE 2400, Chicago, II, 60601
Treasurer.
Address: -
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. Signature of Director or Officer
Signature of Director or Officer. The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated hereis are true and that he or she is aware that false information submitted in a document to the Department of State constitute a third degree felony as provided for in s.\$17.155, F.S.
13. Lori Landrigan

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

Attachment to Florida Officers & Directors

1 Full Name: Jud Bergman Officer/Director: Officer, Director

Officer's Title: CEO
Director's Title: Director

Business Address: 35 East Wacker Drive, STE 2400

Chiy: Chicago State: IL ZIP Code: 60601

2 Full Name: Peter D'Arrigo

Officer/Director: Officer
Officer's Title: CFO

Director's Title:

Business Address: 35 East Wacker Drive, STE 2400

 City:
 Chlcago

 State:
 IL

 ZIP Code:
 50691

3 Full Name: Lori Lundrigan

Officer/Director: Officer

Officer's Title: Vice President Finance, Tax

Director's Title:

Business Address: 1801 California Street, Floor 23

 City:
 Denver

 State:
 CO

 ZIP Code:
 80202



Page 1

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

DELAWARE, DO HEREBY CERTIFY "ENVESTNET ASSET MANAGEMENT, 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 SECOND DAY OF FEBRUARY, A.D.

2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

157

3223931 8300 SR# 20180694511

Authentication: 202084527

Date: 02-02-18