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**DATE: 4/5/18**

**NAME: ONE WEALTH MANAGEMENT FINANCIAL AND INSURANCE  
SERVICES, INC.**

**TYPE OF FILING: APPLICATION**


**COST: 70.00**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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*\* File 2<sup>nd</sup> \**

**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.*

1. ONE WEALTH MANAGEMENT FINANCIAL AND INSURANCE SERVICES, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. CALIFORNIA 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MARCH 15, 2018 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 233 WILSHIRE BLVD., SUITE 550, SANTA MONICA, CALIFORNIA 90401  
(Principal office address)
- \_\_\_\_\_  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: PARACORP INCORPORATED
- Office Address: 155 Office Plaza Drive, 1st Floor
- Tallahassee (Leon County), Florida 32301  
(City) (Zip code)

**9. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

*Minh H. NINH*, NINH HO, ASST. SECRETARY  
(Registered agent's signature)

10. 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.

18 FEB 15 AM 10:10

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

A. DIRECTORS

Chairman: JEREMY DICKER

Address: 233 WILSHIRE BLVD., SUITE 550, SANTA MONICA, CALIFORNIA 90401

Vice Chairman: DAVID KROUSE

Address: 233 WILSHIRE BLVD., SUITE 550, SANTA MONICA, CALIFORNIA 90401

Director: MARIUM SOHAIL

Address: 233 WILSHIRE BLVD., SUITE 550, SANTA MONICA, CALIFORNIA 90401

Director:

Address:

B. OFFICERS

President: JEREMY DICKER

Address: 233 WILSHIRE BLVD., SUITE 550, SANTA MONICA, CALIFORNIA 90401

Vice President: DAVID KROUSE

Address: 233 WILSHIRE BLVD., SUITE 550, SANTA MONICA, CALIFORNIA 90401

Secretary: JEREMY DICKER

Address: 233 WILSHIRE BLVD., SUITE 550, SANTA MONICA, CALIFORNIA 90401

Treasurer: JEREMY DICKER

Address: 233 WILSHIRE BLVD., SUITE 550, SANTA MONICA, CALIFORNIA 90401

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. \_\_\_\_\_

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 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.

13. JEREMY DICKER, PRESIDENT AND DIRECTOR

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

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

**ONE WEALTH MANAGEMENT FINANCIAL AND INSURANCE SERVICES, INC.**

**FILE NUMBER:** C4127508  
**FORMATION DATE:** 03/15/2018  
**TYPE:** DOMESTIC CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of March 30, 2018.

**ALEX PADILLA**  
Secretary of State