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APPROVED AND FILED 2019 JAN 17 AM 11: 12 SECRETARY OF STATE MILLAHASSEE, FLORID.

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COVER LETTER

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TO: Registration Section Division of Corporations

Riverside Wealth Management, Inc.

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SUBJECT:

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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: Karla Rossetti Pippins

Riverside Wealth Manag	ement, Inc.	Name of I	Person	
3023 Polo Drive		Firm/Com	pany	<u> </u>
Gulf Stream, Florida 334	83	Addre	SS	
krp@riversidewm.com	C	City/State ar	id Zip code	
	E-mail address: (t	o be used f	or future annual report n	otification)
For further information	concerning this matt	er, please c	all:	
Karla Rossetti Pippins	at	617	850-2550	
Name of Perso		Area Code	Daytime Telepł	none Number
STREET/CO Registration Se Division of Co Clifton Buildir 2661 Executive Tallahassee. Fl	rporations Ig e Center Circle		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, F	ection prorations
Enclosed is a check for	the following amoun	t:		
□ \$70.00 Filing Fee	\$78.75 Filing For Certificate of S		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & 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. Riverside Wealth Management Inc.

1. (Enter name of c "Inc.," "Co.," "C	orporation: must include "INCORPORATED," · orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION	
(If name unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	business in Florida)
South Carolina	21	0-4676626	
2. (State or countr 4/16/2006	y under the law of which it is incorporated)	(FEI number, if app	licable)
	of incorporation) 5		
(Date	of incorporation)	(Date of duration, if other t	han perpetual)
6.			
7	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150) Drive, Suite 800 West Tower, West Plam Beach (Principal Gulf Stream Florida 33483	2, F.S., to determine penalty liabilit	y)
<u> </u>	(Current mailing	address, if different)	
 Name and <u>stree</u> Name: Office Address: 	et address of Florida registered agent: (P.O. Karla Rossetti Pippins 3023 Polo Drive Gulf Stream		FILED 2019 JAN 17 AM11: SECRETARY OF STA FALLAHASSEE, FLOR
	(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.

(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.

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

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A. DIRECTORS Karla Rossetti Pippins		
Chairman:		
Address:		
Vice Chairman:		
Address:		
Karla Rossetti Pippins		
Director:		
Director:		
Address:		
B. OFFICERS Karla Rossetti Pippins President:		
3023 Polo Drive, Gulf Stream Florida 33483 Address:		
		>
Vice President:	N I TANK	FIL
Address:		Eeo
Karla Rossetti Pippins		C
Secretary:		
Address:Karla Rossetti Pippins		
Treasurer:		
NOTE: If necessary, you may attach an addendum to the application listing a	dditional officers and/or directo	rs.
12. Autor Typanos		
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11) are true and that he or she is aware that false information submitted in a docum		
a third degree felony as provided for in s.817.155, F.S. Karla Rossetti Pippins 13.		

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

RIVERSIDE WEALTH MANAGEMENT, INC., a corporation duly organized under the laws of the State of South Carolina on April 14th, 2006, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

MYMYMYMYMYMYMYMYMYMYM

Given under my Hand and the Great Seal of the State of South Carolina this 16th day of January, 2019

Mark Hammond, Secretary of State