

F19000001580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

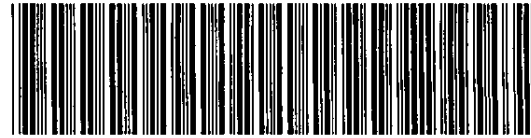
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FBI
TAMPA, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RCS Capital Partners, 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:

Acumen Licensing Team/ Nancy Neal

Name of Person

Acumen Solutions Group

Firm/Company

600 Broadhollow Road, Suite 200

Address

Melville, New York 11747

City/State and Zip code

licensing@acumensolutionsgroupllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Neal

631

719-5509

at ()

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
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| ☒ \$70.00 Filing Fee | ☐ \$78.75 Filing Fee &
Certificate of Status | ☐ \$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.*

RCS Capital Partners, Inc.

1. _____
(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. New York 3. 47-5244191
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/30/2015 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. 270 Northpointe Parkway, Suite 40, Amherst, New York 14228
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

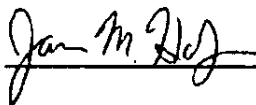
Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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FLORIDA

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.

James M. Halpin
Assistant 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.

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

A. DIRECTORS

Chairman: N/A

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: Eli Hazzan

Address: 270 Northpoint Parkway, Suite 40

Amherst, New York 14228

Vice President:

Address:

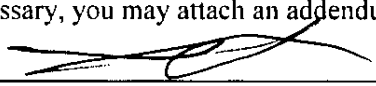
Secretary:

Address:

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

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.

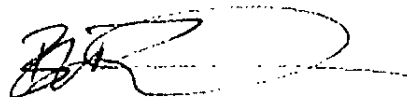
13. Eli Hazzan, President

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

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of RCS CAPITAL PARTNERS, INC. was filed on 09/30/2015, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 03rd day of March two
thousand and seventeen.*



*Brendan W. Fitzgerald
Executive Deputy Secretary of State*



March 15, 2017

Florida Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: RCS Capital Partners Inc. – Application for Business/Certificate of Authority

To Whom It May Concern:

Acumen Solutions Group is submitting the enclosed documents on behalf of its above-referenced client that is applying for a Business Registration/Certificate of Authority in your state.

Enclosed please find the following documents:

1. Payment of \$70.00 to Florida Department of State,
2. Original, Signed and Completed Application, and
3. Certificate of Good Standing from the state of formation.

Please return any correspondence to the licensing team at: 600 Broadhollow Road, Suite 200
Melville, New York 11747

If you have any questions, please contact us via email to licensing@acumensolutionsgrouppllc.com or call (631) 719-5509.

Sincerely,

A handwritten signature in black ink, appearing to read "Anthony D'Elia", with a stylized flourish at the end.

Anthony D'Elia
President

Enclosure

600 BROADHOLLOW ROAD SUITE 200 MELVILLE, NY 11747