(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:					





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ALLAHASSEE, FLUIT.

TN 10 202

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 844162 4302480

AUTHORIZATION

COST LIMIT System 150 Nacco

ORDER DATE : June 3, 2021

ORDER TIME : 12:55 PM

ORDER NO. : 844162-005

CUSTOMER NO: 4302480

\_\_\_\_\_\_

#### FOREIGN FILINGS

NAME: FIRSTRUST GROUP, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX PLAIN STAMPED COPY

XX \_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

### **COVER LETTER**

TO:		tration Section ion of Corporations						
SUBJ	ECT:	FirsTrust Group, Inc.						
		Name of corporation - must include suffix						
Dear S	ir or M	adam:						
"Certif	icate of	"Application by Foreign Corpf Existence," or "Certificate of ced foreign corporation to tran	Good Stan	ding" and check are submi				
Please	return a	all correspondence concerning	this matter	to the following:				
Leland	Benton							
			Name of	Person				
Morgan	. Lewis	& Bockius LLP						
			Firm/Com	pany				
1111 Pe	nnsylva	nnia Avenue NW						
			Addre	ess				
Washin	gton DC	20004-2541						
		(	City/State a	nd Zip code				
leland.b	enton@	morganlewis.com						
		E-mail address: (	to be used t	or future annual report not	ification)			
For fur	ther int	ormation concerning this matt	er, please c	all:				
Leland	at (202 ) 739-5091							
•	Namo	e of Person		e Daytime Telepho	ne Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclose Please n □ \$70.	nake ch	check for the following amounted payable to: FLORIDA DEPA ng Fee	ARTMENT Fee & □		■ \$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.

	able in Florida, emer alternate corporate name ad	opted for the purpose of transacting b	usiness in I	Florida)
Delaware	$\frac{3. \frac{56}{2}}{\text{ry under the law of which it is incorporated}}$	8-2520722		
(State or count	ry under the law of which it is incorporated)	(FEI number, if applied	cable)	
01/11/2000	e of incorporation) 5			
		(Date of duration, if other than perpetual)		
May 17, 20				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150			
688 Meridian A	venue, Suite 700, Miami Beach, FL, 33139	. , ,		
	(Principal office	street address)		
			1.0-	26
	(Current mailing	address, if different)	<b>*</b> ***	_ <del></del>
			_	, ==
Name and <u>stre</u>	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	٠.	1- Kiir 18
Name and <u>stre</u> Name:	et address of Florida registered agent: (P.O. Corporation Service Company	Box <u>NOT</u> acceptable)	٠.	X-4 AH
Name:		Box <u>NOT</u> acceptable)	<b>a</b> ·	Æ 9:
	Corporation Service Company		я	<u>&gt;</u>

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.

By:

A. DIRECTORS				
■ Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
■Director	1688 Meridian Avenue, Suite 700	□Director		
□President	Miami Beach, FL, 33139	□President		
□Vice President		□Vice President	<del></del>	
□Secretary	☐Treasurer	□Secretary		□Treasurer
CEO	Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
	Address:	□ Vice Chairman		
		□ Director		
Director				
□President		□President		
□Vice President		□Vice President		
☐ Secretary	☐ Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other	<del></del>	□Other
□ Chairm <b>a</b> n	None	□Chairman	Norman	
	Name:			
	Address:			
Director		Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□ Other	Other	□Other	<del></del>	□Other
individuals may be	Jse an attachment to report more than six (6). The attac added to the index when filing your Florida Departmen	nt of State Annual Re	port form.	irposes only. Non-indexed
12	Signature of Director of	r Officer		
	tor signing this document (and who is listed in number lse information submitted in a document to the Departr	: 11 above) affirms th	at the facts stated	

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FIRSTRUST GROUP, 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 THIRD DAY OF JUNE, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FIRSTRUST GROUP,

INC." WAS INCORPORATED ON THE ELEVENTH DAY OF JANUARY, A.D. 2000.

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

Authentication: 203361197

Date: 06-03-21