# Fa3000/60/

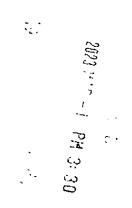
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,,
(Document Number)
Certified Copies Certificates of Status
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T. LEMIEUX MAR Z 0 2023

#### **COVER LETTER**

то:		tration Sec					
SUBJ		•	tesource Planning,	INC			
SUDJ	ECI:		Name o	of corporati	on - mu	st include suffix	
Dear S	ir or M	adam:					
"Certif	icate o	f Existence	on by Foreign Co ," or "Certificate a corporation to tr	of Good St	anding''	orization to Transact and check are submi Florida.	Business in Florida," tted to register the
Please	return	all correspo	ondence concerni	ng this mat	er to the	e following:	
Miche	lle Ohlo	ndorf					
			<del></del>	Name	of Perso	n	
FRA T	rust						
		-	-	Firm/C	ompany		
805 W	est High	iway 50					
				Ad	dress	<u> </u>	
O'Falle	on.IL. 61	2269					
				City/State	and Zi	p code	
Licens	ing@fra	ıfg.com					
			E-mail address	: (to be use	d for fu	ture annual report no	tification)
For fu	rther in	formation	concerning this m	atter, pleas	e call:		
Miche	lle Ohle	ndorf		618 at (	)	32-8558 Ext. 101  Daytime Telepho	
	Nam	e of Person	1	Area C	ode	Daytime Telepho	one Number
	Region Divisor The Control 2415	stration Sec sion of Cor Centre of T	porations allahassee e Street, Suite 810			MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Please	make c	check for heck payabl ling Fee	the following ame e to: FLORIDA D S78.75 Filir Certificate	EPARTME ig Fee &	□ \$78	STATE 8.75 Filing Fee & rtified Copy	\$87.50 Filing Fee. Certificate of Status &

## 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.

Financial Resour	rce Planning, INC						
	orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"					
Financial Resour	ree Planning, INC						
(If name unavaila	ible in Florida, enter alternate corporate name add	pted for the purpose of transacting b	usiness in Florida)				
ILLINOIS  (State or country under the law of which it is incorporated)  3. 37-1307840  (FEI number, if applicable)							
(State or country	v under the law of which it is incorporated)	(FEI number, if applicable)					
(Date	of incorporation)	(Date of duration, if other than perpetual)					
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration) , F.S., to determine penalty liability)	<del></del>				
805 West Highwa	y 50, O'Fallon, IL. 62269						
·	(Principal office	street address)					
	•						
	Current mailing a	ddress, if different)					
	(24.14.1)	,					
Names and other	et address of Florida registered agent: (P.O. I	Roy NOT acceptable) -					
. Name and <u>sirec</u>		30x 1401 acceptancy	2622 :				
Name:	NRAI Services, INC	_	:				
Office Address:	1200 South Pine Island Road	J ·					
Thee riddiess.	Plantation		— . — C				
	(City)	Florida 33324 (Zip code)	Ti.				
	(City)	(Zip code)	<u>ب</u> ) د،				
. Registered ago	ent's acceptance:		: ©				
laving been nam	ed as registered agent and to accept service	of process for the above stated c	orporation at the pla				
esignated in this	application, I hereby accept the appointmen	nt as registered agent and agree	to act in this capacit				
urther agree to c	omply with the provisions of all statutes rela	tive to the proper and complete p	performance of my a				
nd I am familiar	with and accept the obligations of my posit	ion as registerea agent.					
	1/2/10/						
<del></del> -	// When and		<u> </u>				
	(Registered agent's sign	ature)					
O Attachad is a	certificate of existence day authenticated, no	ot more than 90 days prior to deliv	very of this application				
o. Attached is a	certificate of existence garry admenticated, in	there than to day a prior to deli-					

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS	•			
□Chairman	Name: Patricia Young	□Chairman	Name:	
□ Vice Chairman	805 West Highway 50 Address:	□Vice Chairman	Address:	
Director	O'Fallon, IL. 62269	□Director		
□President		□President	·	<u></u>
□Vice President		□Vice President		
Secretary	□Treasurer	□Secretary		□Treasurer
Officer	Other	Other		□Other
□Chairman	Name:	□Chairman	Name:	•,,,
□ Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President	<del></del>	
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
Other		□Other		Other
□Chairman	Name:	□Chairman	Name:	<del>.</del>
□Vice Chairman	Address:	□Vice Chairman	Address:	<u>.</u>
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
Other	Other	□Other	<del></del>	□Other
individuals may be	Use an attachment to report more than six (6). The attact added to the index when thing your Florida Departments of the contract of the contra	nt of State Annual R	eport form.	rposes only. Non-indexed
14.	Signature of Director			
she is aware that f	ector signing this document (and who is listed in numberalse information submitted in a document to the Depart	ment of State constit	utes a third degree	felony as provided for in
13. Patricia You	ung- Officer / Atural / Lung- (Typed or printed name and capacity of person	on signing application	n)	
	r . $f$ .			

#### File Number

5726-846-8



### To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

#### Department of Business Services. I certify that

FINANCIAL RESOURCE PLANNING INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 13, 1993, ADOPTED THE ASSUMED NAME FRA TRUST ADVISORS, LLC ON SEPTEMBER 21, 2015, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH day of FEBRUARY A.D. 2023 .

Authentication #: 2304802452 verifiable until 02/17/2024

Authenticate at: https://www.ilsos.gov

Alexi Giannon