

F24000002152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

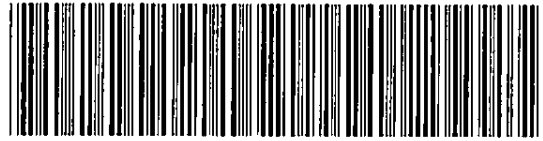
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 APR 19 AM 10:17

APR 20 2024

K. Brumbley

NS

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 04/19/2024

Acc#I20160000072

en: c DW

Name:	Kestra Financial, Inc.
Document #:	
Order #:	15382694

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

daphne.braddock@kestrafinancial.com

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **78.75**

Thank you!

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. Kestra Financial, 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. Delaware 3. 47-1566880
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/06/2014 5. Perpetual
(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. 5707 Southwest Parkway, Bldg #2, Ste #400, Austin, TX 78735
(Principal office street address)

same
(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)

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.

C T Corporation System

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

A. DIRECTORS

☐ Chairman Name: R. Bredt Norwood

☐ Vice Chairman Address: 5707 Southwest Parkway

☐ Director Bldg #2, Ste #400

☐ President Austin, TX 78735

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other EVP, General Counsel and Secretary ☐ Other _____

☐ Chairman Name: Ann Manal

☐ Vice Chairman Address: 5707 Southwest Parkway

☐ Director Bldg #2, Ste #400

☐ President Austin, TX 78735

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other EVP, CHRO ☐ Other _____

☐ Chairman Name: Jennette Schlinke

☐ Vice Chairman Address: 5707 Southwest Parkway

☐ Director Bldg #2, Ste #400

☐ President Austin, TX 78735

☒ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Joel Bennett

☐ Vice Chairman Address: 5707 Southwest Parkway

☐ Director Bldg #2, Ste #400

☐ President Austin, TX 78735

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other EVP, CFO ☐ Other _____

☐ Chairman Name: Yin (Kelly) Yin

☐ Vice Chairman Address: 5707 Southwest Parkway

☐ Director Bldg #2, Ste #400

☐ President Austin, TX 78735

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other Controller, Assistant Secretary ☐ Other _____

☐ Chairman Name: Shawn Shook

☐ Vice Chairman Address: 5707 Southwest Parkway

☐ Director Bldg #2, Ste #400

☐ President Austin, TX 78735

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other Assistant Secretary ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Bredt Norwood
DocuSigned by: Bredt Norwood

 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. R. BREDT NORWOOD, VICE PRESIDENT

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KESTRA FINANCIAL, 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 FOURTEENTH DAY OF FEBRUARY, A.D. 2024.

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

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



5581730 8300

SR# 20240493340

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202805732

Date: 02-14-24