

# Florida Department of State

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name ; PREMIER CORPORATE SERVICES INC

Account Number: I20080000023 Phone : (651)225-9500

: (651)225-9579 Fax Number

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

### MARSHALL FINANCIAL GROUP, LLC

Certificate of Status	0
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#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Marshall Financial Gro	oup, LLC					
(Name of Poreign Lin	nited Liability Company; must inc	slud	e "Limited Liability Company," "L.L.C.," or "l	CLC:		
(If name unavailable, enter a consent of the mamagers or a Company," "L.L.C.," "LLC."	ranaging members adopting the al	ien	of transacting business in Florida and attach a sate name. The alternate name must include "Li	copy of the wi	itten	
2. Delaware		3.	20-6735903			
(Jurisdiction under the lew company is organized)	of which foreign limited liability	-	(FEI number, if applicable)			
4. March 27, 2007		5.	Prepetual			
(Date of Or	ganization)	•	(Duration: Year limited liability company we exist of "perpetual")	ili cease to		
6.						
(S	(Date first transacted business in Fige sections 608.501 & 608.502 F.	S. 1	ida, if prior to registration.) o determine penalty liability)	Ž Ž	20	
7. 225 South 6th Street, 8	Suite 2900			<b>Z</b> S	ے ا	
Management MAN EE40	13			A F	JAN	
Minneapolis, MN 5540		<b>6</b> 0	Principal Office)	—— <u>S</u> S	9-	
0 7531 .4-3 (7-6 1174				<b>.</b>	AH	IT
8. If inflict hadding our	mpany is a manager-manage	<b>X</b> J L	company, theor here ty	FS		1.1
9. The name and usual l	business addresses of the ma	me;	ging members or managers are as follow	MS: SE	6:	C
Dennis M. Mathisen	· · · · · · · · · · · · · · · · · · ·			<b></b>	£	
225 South 6th Street,	Sulte 2900					
Minneapolis, MN 554	02					
the jurisdiction under the law	tificate of existence, no more than 90 of which it is organized. (A photoco der outh of the translator must be su	χу	is old, duly anthenticated by the official having of is not acceptable. If the certificate is in a foreign litted.)	anguage, a	dsin	
11. Nature of business	or purposes to be conducted	OT	promoted in Florida:			
Commercial r	eal state lende	er	•	^		
· · · · · · · · · · · · · · · · · · ·	Henri Illa	1	Main			
Œ	n accordance with section 608,408(3).	.P.S	norized representative of a member.  If the execution of this document constitutes by that the facts stated barein are true.)			
	ennis M. Mathisen					
	Typed or print	ed :	name of signee			

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	e of the Limited Liabil	ity Compa	my is:	
Marshall Fin	nancial Group, LLC			
If name una	vailable, the alternate :	name to be	used in the state of Florida is:	
2. The name	e and the Florida street	address o	f the registered agent and office are:	09 JAN SECRE
	NRAI Services, Inc			ASS.
		<u> </u>	(Name)	6 AH 6 AH 6 AH
	2731 Executive Par	rk Drive, Su	ite 4	F 65 7
	Florida	Street Addre	ess (P.O. Box <u>NOT</u> ACCEPTABLE)	AGE 14
	Weston		PL 33331	
			City/State/Zip	
liability compagent and agree and agree to the obligations of NRAI Service  By:	pany at the place design gree to act in this capac ne proper and complete of my position as registe	nated in thi lty. I furth performan	accept service of process for the above is certificate, I hereby accept the appoint er agree to comply with the provisions of the officer of my duties, and I am familiar with a provided for in Chapter 608, Florida is provided.	tment as registered f all statutes and accept the
	•	<b>S 100.00</b>	Tiling The fee Aunification	
		S 25.00	Filing Fee for Application Designation of Registered Agent	
		\$ 30.00	Certified Copy (optional)	•

\$ 5.00 Certificate of Status (optional)

# Delaware

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# The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MARSHALL FINANCIAL GROUP, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF JANUARY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MARSHALL FINANCIAL GROUP, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE EEEN PAID TO DATE.

FILED

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SECRETARY OF STATE

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Harriet Smith Windson, Segretary of State

DATE: 01-06-09 H09000003090 3