# MM900003421

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
. !
(Document Number)
· .
Codified Coming
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
109000034345
MM0000 24212

Office Use Only



500159362685

08/10/09--01063--003 \*\*125.00

09 AUG 31 AM 8: 59
SECRETARY OF STATE
ALLAHASSEE FIORIA

D. BRUCE

SEP 1 2009

**EXAMINER** 

### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:	Lexinator	n Wealth M	anagement, LLC			
			d Liability Company			
	lication by Foreign Limited k are submitted to register t					
Please return all cor	rrespondence concerning thi	s matter to the fo	llowing:			
_	<u>.</u>		E. Veitch		<u></u>	
		Name	of reison			
		PURE Acc	uisitions, LLC			
		Firm/	Company	:		
	165		Morris Blvd., Suite 1 ddress	i i	09 AUG 31	7
_		Daytona Be City/State	ach, FL 32117 and Zip Code	بر رو د د ب	<b>AH 8:</b>	ED
	<u>d</u> E-mail addre	ale@lexingto ss: (to be used fo	nfamilyoffice.com r future annual report not	tification)	59 ATE	
For further informa	tion concerning this matter,	please call:				
	Dale E. Veitch Name of Person		at (386)ode & Daytime Telephon	<u>566-7249</u> ne Number		
Division o Registration P.O. Box of		Division o Registratio Clifton Bu 2661 Exec				(,
						7
Enclosed is a ch	eck for the following a	mount:				
\$125.00		Filing Fee & [	\$155.00 Filing Fee & Certified Copy	\$160.00 Filing of Status &	Fee, Certifi Certified (	



#### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

August 11, 2009

DALE E. VEITCH PURE ACQUISITIONS, LLC 1651 N. CLYDE MORRIS BLVD., SUITE 1 DAYTONA BEACH, FL 32117

SUBJECT: LEXINGTON WEALTH MANAGEMENT, LLC

Ref. Number: W09000036345

We have received your document for LEXINGTON WEALTH MANAGEMENT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Letter Number: 909A00027396

Deborah Bruce Regulatory Specialist II

59



#### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

August 21, 2009

DALE E. VEITCH PURE ACQUISITIONS, LLC 1651 N. CLYDE MORRIS BLVD., SUITE 1 DAYTONA BEACH, FL 32117

SUBJECT: LEXINGTON WEALTH MANAGEMENT, LLC

Ref. Number: W09000036345

We have received your document for LEXINGTON WEALTH MANAGEMENT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Letter Number: 909A00028418

Deborah Bruce Regulatory Specialist II ထ္ 59

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1(Name of Foreign Limited Lie	exington Wealth M	anagement, LLC "Limited Liability Company," "L.L.C.,	," or "LLC.")
		of transacting business in Florida and at ate name. The alternate name must inclu	
2. Delawar	3.	N/A (FEI number, if applicate	
(Jurisdiction under the law of whice company is organized)	h foreign limited liability	( FEI number, if applicat	ole)
4. 6/17/2003 (Date of Organizati	on) 5.	perpetual (Duration: Year limited liability compexist or "perpetual")	oany will cease to
6. N/A			
(Date fir	st transacted business in Florions 608.501 & 608.502 F.S. to	da, if prior to registration.) determine penalty liability)	
7. 1651 N, Clyde Morris Blvo	1., Suite 1		7ALL.
Daytona Beach, FL 3211	7		
	(Street Address of	Principal Office)	SS.
8. If limited liability company	is a manager-managed co	ompany, check here	31 AH SSEE, FL
9. The name and usual busines	s addresses of the manag	ompany, check here	8:59 D
PURE Acquisitions II. LL	C	•	
1651 N. Clyde Morris Bly	d., Suite 1		
Daytona Beach, FL 3211	7		<del></del>
	it is organized. (A photocopy is	ys old, duly authenticated by the official has snot acceptable. If the certificate is in a fo ted.)	
11. Nature of business or purp	oses to be conducted or p	romoted in Florida:	
	Asset Mana	gement	<u> </u>
	Jeanth Wi	il	
Signatur		orized representative of a member	- <b>r</b> .
(In accorda	nce with section 608.408(3), F.S.	that the facts stated herein are true.)	
	Jeanette	T. Veitch	~
	Typed or printed n		

## CERTIFICATE QF 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 of the Limited Liability Company is:		
Lexington Wealth Management, LLC	. <del>-</del>	_
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:  Dale F. Veitch	<b>09</b> SE IALI	_
(Name)	99 AUG 31 SECRETARY LLAHASSE	
1651 N. Clyde Morris Blvd., Suite 1 Florida Street Address (P.O. Box NOT ACCEPTABLE)	AM 8: 59 OF STATE E. FLORID,	ED
Daytona Beach LFI 32117 City/State/Zip		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## Delaware

PAGE 1

## The First State

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

DELAWARE, DO HEREBY CERTIFY "LEXINGTON WEALTH MANAGEMENT, 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 AUGUST, A.D. 2009.

3670690 8300

090756884

AUTHENTY CATION: 7460344

DATE: 08-06-09

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