
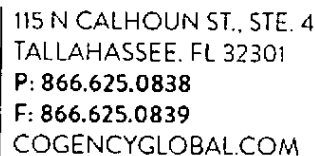


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2023 MAY 25 AM 11:47 200409472832	
DOCUMENT # M10000000913 1. Limited Liability Company's Name Tiedemann Wealth Management, LLC					
2. Principal Office Address - No P.O. Box # 324 Royal Palm Way Suite, Apt. #, etc. #226 City & State Palm Beach, Florida Zip Country 33480 USA		3. Mailing Office Address 324 Royal Palm Way Suite, Apt. #, etc. #226 City & State Palm Beach, Florida Zip Country 33480 USA		4. State/Country of Formation Delaware 5. Date Organized or Qualified To Do Business in Florida 02/26/2010 6. FEI Number 26-1518088 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	
8. Name and Address of Current Registered Agent Name James B. Bertles Street Address (P.O. Box Number is Not Acceptable) Suite c/o Tiedemann Advisors, LLC, 324 Royal Palm Way Apt. #, Etc. #226 City State Zip Code Palm Beach FL 33480					
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent <u>Jim Bertles</u> Date <u>May 24, 2023</u> REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip		
CCO	Whitney Fogle Lewis	100 Crescent Court, Suite 500	Dallas, TX 75201		
11. E-mail Address <u>legal@tiedemannadvisors.com</u> (To be used for future annual report notifications)					
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am 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.					
Signature of authorized representative/member <u>Whitney Fogle Lewis</u> Date <u>5/24/2023</u> Daytime Phone # <u>212-396-5900</u>		Typed or printed name of signing authorized representative/member <u>Whitney Fogle Lewis</u>			



Entity Name: **TIEDEMANN WEALTH MANAGEMENT, LLC**

~~00~~ MAY 25 AM 11:48
ABLAHASSEE FLOPH.

RECEIVED

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☒ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other

ANY ISSUES, CALL
MARCEL:

(518) 213 - 0826

Thank you!

Authorized Amount: **\$655.00**

Signature: _____ *Michael J. Berman - Esq.*