# 00000123

Page 1 of 2

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H10000052562 3)))



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<del>'RE-Sub</del>mit\*

To:

Division of Corporations

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From:

Account Name ; C T CORPORATION SYSTEM

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Kimberlysullivan 686 & amail. Com

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Foreign Limited Liability Company Partnership Solutions Advisors, LLC

Certificate of Status	. 1
Certified Copy	1
Page Count	945
Estimated Charge	\$160.00

T. HAMPTON

MAR 1 1 2010

EXAMINER



March 9, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: PARTNERSHIP SOLUTIONS ADVISORS, LLC

REF: W10000010776

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

If you have any further questions concerning your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

FAX Aud. #: E10000052562 Letter Number: 010A00005729

\*RE-SUBMIT\*
Please retain original filing
date of submission

#### 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 FOREXIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA! Partnership Solutions Advisors, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C," or "LLC.") (If mane unavailable, enter alternate name adopted for the purpose of transacting business in Florids and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.I\_C," "LLC.") Delaware 27-1533654 (Jurisdiction under the law of which therigh limited liability company is organized) (FEI number, if applicable) December 18, 2009 Permental (Date of Organization) (Duration: Year funited liability company will cease to oxist or "perpensal") (Onto first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 P.S. to determine penalty liability) 7 686 Hermitage Circle, Palm Beach Gardens, Florida 33410 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here X 9. The name and usual business addresses of the managing members or managers are as follows: 686 Hermitage Circle, Palm Beach Gardens, Florida 33410 S Kimberly S. Sullivan and or Nadja Fidelia 10. Attached is an original certificate of existence, no more than 90 days old, duty authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under cath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Financial Services Signature of a member or an authorized representative of a member. (In apportance with section 608,408(3), F.S., the execution of the document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.) Kimberly S. Sullivan and or Nadja Fidelia . Managing Members

Typed or printed name of signee

FLOST - RESPONSANCE T SAME CONTRA

### 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.

Parmership Solutions Advisors LLC  If unavailable, the alternate to be used in the state of Florida is:	
•	Kimberly Sullivan
_	(Name)
	686 Hermitage Circle
<del></del>	Plorida Street Address (P.O. Box NOT ACCEPTABLE)
	Palm Beach Gardens F1 33410

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.

By: (Mulli) Julian 3/5/11

\$ 100.00 Filing Fee for Application
 \$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)

SECRETARY FOR STATE ON DE CORPORATION

## Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PARTNERSHIP SOLUTIONS ADVISORS,
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 SECOND DAY OF MARCH, A.D.
2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4723197 8300

100234752

You may verify this certificate onlin at corp. delaware. gov/authver. whtml Jeffrey W. Bullock, Secretary of State

THENTY CATION: 7841932

DATE: 03-02-10