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*RE-SUBMIT

To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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ECRETARY OF STATE

Foreign Limited Liability Company Partnership Solutions Investment Advisory LLC

Certificate of Status	1
Certified Copy	1
Page Count	045
Estimated Charge	\$160.00

C. LEWIS

MAR 11 2010

EXAMINER



March 9, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: PARTNERSHIP SOLUTIONS INVESTMENT ADVISORY LLC

REF: W10000010575

We received your electronically transmitted document. Bowever, 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) 245-6047.

Carolyn Lewis Regulatory Specialist II Registration/Qualification Section

FAX Aud. #: H10000047314 Letter Number: 210A00005172

RE-SUBMIT
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date of submission _3/4_

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

IN COMPLIANCE WITH SECTION 608503, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECISIER A FOREKIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Partnership Solutions Investment Advisory LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC.") (If nume unavailable, cauer alternate name adopted for the purpose of transacting business in Florida 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," "LL.C." "LLC.") Deleware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) December 18, 2009 (Ouration: Year limited limbility company will cease to exist or "perpetual") (Date of Organization) 6. Lipon Filing (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.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 9. The name and usual business addresses of the managing members or managers are as follows: 686 Hermitage Circle, Palm Beech Gardens, Florida 33410 Kimberly S. Sullivan and or Nadja Fidelia 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official baving 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 controf 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 accordance with socion 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the form stated herein are trea.)

Typed or printed name of signce

Kimberly S. Sullivan and or Nadja Fidelia . Managing Members

agent on the second pa

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 of the	he Limited Liability Company is:	
	Partnership Solutions Investm	ment Advisory LLC
lf unavailable, the	e afternate to be used in the state of Florida is:	
2. The name and	the Florida street address of the registered agent and	office are:
	Kimberty Sullivan	
_	(Name)	2010 MAR SECRE TALLAH
	686 Hermitage Circle	ARE T
utorii	Planda Street Address (P.O. Box NOT ACCEPTAB	ASS ASS
	Palm Beach Gardens FL, 33410	一
	City/State/Zip	STATE FLORIT
liability company or agent and agree to c relating to the prope	d as registered agent and to accept service of process j it the place designated in this certificate, I hereby acce act in this capacity. I further agree to comply with the er and complete performance of my duties, and I am fo osition as registered agent as provided for in Chapter	rpt the appointment as registered e provisions of all statutes familiar with and accept the
ر الراتي	WD ewan 3/5/10	
By: / WHILLE	ASpiniste)	

5 100.00 Filing Fee for Application

\$ 25.00

\$ 30.00

Designation of Registered Agent

Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PARTNERSHIP SOLUTIONS INVESTMENT ADVISORY 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.

100234761

DATE: 03-02-10