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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Enuty Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only

T. HAMPTON JUN 13 ZUII

" COVER LETTER

TO:	Registration Section Division of Corporations		•		
SUBJI	ECT: Richter Financial Investment Plan Name of	ning Solutions, LLC Limited Liability Company			
The en Exister	nclosed "Application by Foreign Limited Liability Cance, and check are submitted to register the above r	Company for Authorization to Transact Business in Florida referenced foreign limited liability company to transact business.	," Certificate of iness in Florida		
Please	return all correspondence concerning this matter to	o the following:			
	Matthew G. Richter	Name of Person			
	Richter Financial Investment P	Planning Solutions, LLC Firm/Company			
	780 Fifth Avenue South, Suite 200 Address				
	Naples, FL 34102	ty/State and Zip Code			
matt@matthewgrichter.com E-mail address: (to be used for future annual report notification)					
For fur	orther information concerning this matter, please cal-	U:			
	Matthew G. Richter Name of Person	at (617) 504-4759 Area Code & Daytime Telephone Number			
	Division of Corporations Registration Section P.O. Box 6327 Clift Tallahassee, FL 32314 Civen Section Section Reg	REET ADDRESS: vision of Corporations gistration Section fton Building b1 Executive Center Circle llahassee, FL 32301			
	osed is a check for the following amount: \$\int\\$125.00 \text{ Filing Fee & Certificate of Status}\$	S155.00 Filing Fee & S160.00 Filing Fee, Certific Of Status & Certified Copy			

Richter Financial Investment Planning Solutions, LLC

Tammy Hampton
Regulatory Specialist II
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Date 6/6/11

780 Fifth Avenue South STE 200 Naples, FL 34102 T 239-261-9544 F 866-8202346 matt@matthewgrichter.com Dear Ms. Hampton,

Regarding your letter to me Letter Number 611A00013440, Reference Number W11000030020, enclosed please find a corrected Application By Foreign Limited Liability Company, and corrected Certificate of Designation of Registered Agent/Registered Office. I corrected line number 6 on the Application, and line number 2 on the Certificate of Designation of Registered Agent.

Sincerely yours,

Matthew Richter

Marthe



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

11 JUN 10 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

June 1, 2011

MATTHEW G RICHTER 780 FIFTH AVE SOUTH STE 200 NAPLES, FL 34102

SUBJECT: RICHTER FINANCIAL INVESTMENT PLANNING SOLUTIONS, LLC

Ref. Number: W11000030020

We have received your document for RICHTER FINANCIAL INVESTMENT PLANNING SOLUTIONS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The business entity that you are forming cannot serve as its own registered agent. You may designate an individual or another business entity with an active registration or filing with this office. The newly designated registered agent must have a Florida street address andmust sign accepting the designation. Please amend your document accordingly.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 611A00013440

Division of Cornerations P.O. ROY 6997 Tellahassas Florida 99914

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 Richter Financial	Investment Planning Solutions, LLC	
(Name of Foreign	Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC."	5
consent of the managers of Company," "L.L.C," "LL. 2. Rhode Island	er alternate name adopted for the purpose of transacting business in Florida and attach a copy or managing members adopting the alternate name. The alternate name must include "Limited C.") 3. [Insert Section 1] [Insert Section 2] [Insert Section 3] [Insert S	
4. established in RI (Date of	Organization) (Duration: Year limited liability company will cea exist or "perpetual")	ase to
6. No transations as	(See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 1765 Bicentennia	al Way, STE #9R, North Providence, RI 02911	NVE ENVE
8. If limited liability of	(Street Address of Principal Office) company is a manager-managed company, check here	ARY OF COAFE
*	al business addresses of the managing members or managers are as follows: ter, 780 Fifth Avenue South, STE 200, Naples, FL 34102	STATE ORATIONS
the jurisdiction under the la translation of the certificate	certificate of existence, no more than 90 days old, duly authenticated by the official having custody aw of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language under oath of the translator must be submitted.) as or purposes to be conducted or promoted in Florida: Investment Advisor	
penalties o	Signature of a member or an authorized representative of a member. nce with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the of perjury that the facts stated herein are true. I am aware that any false information submitted in a to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Mattheware Richard Richard Typed or printed name of signee	

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.

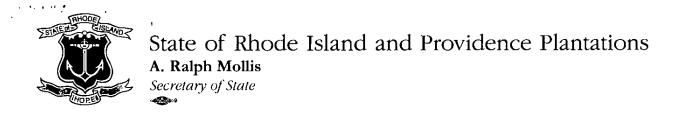
1. The name of the Limited Liability Company is:				
Richter Financial Investment Planning Solutions, LLC				
If unavailable, the alternate to be used in the state of Florida is:				
2. The name and the Florida street address of the registered agent and office are: Matthew Richter -Richter Financial Investment Planning Solutions, LLC (Name)				
780 Fifth Avenue South, STE 200 Florida Street Address (P.O. Box NOT ACCEPTABLE)				
Naples FL 34102 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.

Matthe Richt

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

SECRETARY OF STATEMENT ON OF CORPORATION



Certification Number: 11041659920

The office of the Secretary of State of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

Richter Financial Investment Planning Solutions, LLC

a Rhode Island limited liability company, filed original articles of organization in this office on

August 28, 2009

Effective

August 28, 2009

IT IS FURTHER CERTIFIED that as of this date said limited liability company is duly organized and existing under and by virtue of the laws of the State of Rhode Island and is in good standing according to the records of this office.

SIGNED AND SEALED ON

Wednesday, April 13, 2011

Secretary of State

Authorized Agent

