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1606 James Street Merrick New York 11566 Phone (800) 313-2119 or (516) 680-1653 Fax (866) 823-1800

E-Mail: bob@bobneiman.com
Web Site: www.neimanwealthmanagement.com
Or www.bobneiman.com

April 19, 2012

Florida Department of State Division of Corporations Registration Section P O Box 6327 Tallahassee FL 32314

Dear Sirs,

Enclosed is a check for \$125.00, the Cover Letter, the Application for Registration as a Foreign LLC, the Certificate of Designation of Registered Agent/Registered Office, and a Certificate of Good Standing with New York. I will be shortly moving to Florida and my contact information is on the enclosed forms.

Thank you,

Robert A Neiman

Rlest a Nem

President

#### **COVER LETTER**

то:	Registration Section Division of Corporations		
SUBJE	.cr. Neiman Wealth Manageme	ent LLC	
	Name of Li	mited Liability Company	
		mpany for Authorization to Transact Business in Florida," Certiferenced foreign limited liability company to transact business in	
Please r	return all correspondence concerning this matter to the	•	
	Robert A Neiman		9.3
	N	Vame of Person	NPR 24 # 6: 3
	Neiman Wealth Management LL	_C	\(\sigma^2\) \(\delta^2\) \(\delta^2\)
	F	irm/Company	700
	5501 N Military Trail #103		o: F
		Address	٤
	Boca Raton FL 33496		
		State and Zip Code	
	0.19.1	3. M.	
	bob@bobneiman.com		
	E-mail address: (to be use	d for future annual report notification)	
For furt	her information concerning this matter, please call:		
	Robert A Neiman	<sub>at (</sub> 516 ) 680-1653	
	Name of Person Are	ea Code & Daytime Telephone Number	
	Division of Corporations Registration Section P.O. Box 6327 Cliftor Tallahassee, FL 32314 Cliftor	CET ADDRESS: on of Corporations tration Section n Building Executive Center Circle tassee, FL 32301	
Enclos	sed is a check for the following amount:  \$\begin{align*} \text{\$125.00 Filing Fee & Certificate of Status} \end{align*}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Of Status & Certified Copy	

#### 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:

Neiman Wealth Management LLC     (Name of Foreign Limited Liability Company; must include)	e "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.")	
2. New York  (Jurisdiction under the law of which foreign limited liability company is organized)  3.	72-1571333 (FEI number, if applicable)
4. <u>09/25/2003</u>	(FEI number, if applicable)  Perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")  da, if prior to registration.) o determine penalty liability)
6. N/A  (Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to	exist or "perpetual")  da, if prior to registration.) o determine penalty liability)
7. 5501 N Military Trail #103  Boca Raton FL 33496	
8. If limited liability company is a manager-managed of the name and usual business addresses of the managed Robert A Neiman 5501 N Military Trail #103 E	ging members or managers are as follows:
10. Attached is an original certificate of existence, no more than 90 day the jurisdiction under the law of which it is organized. (A photocopy is translation of the certificate under eath of the translator must be submit	is not acceptable. If the certificate is in a foreign language, a tted.)
<ol> <li>Nature of business or purposes to be conducted or p</li> <li>Registered Investment Advisor</li> </ol>	promoted in Florida:
Signature of a member or an auth (In accordance with section 608.408(3), F.S., the executi penalties of perjury that the facts stated herein are true.	orized representative of a member.

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:			
Neiman Wealth Management 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:			
Robert A Neiman			
(Name)			
5501 N Military Trail #103			
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
Boca Raton FL 33496			
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.

Mot a New (Signature)

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

## State of New York Department of State } ss:

I hereby certify, that NEIMAN WEALTH MANAGEMENT LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 09/25/2003, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 12th day of April two thousand and twelve.

First Deputy Secretary of State