

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Email Address:

Foreign Limited Liability Company DST BROKERAGE SOLUTIONS, LLC

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6/13/2012

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COVER LETTER

TO: Registration Section Division of Corporations	:
SUBJECT: DST Brokerage Solutions, LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificat Business in Certificat Business and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.	ida
Please return all correspondence concerning this matter to the following:	
Valda Lake	
Name of Person	
DST Systems, Inc.	
Firm/Company	
333 West 11th Street	
Address	
Kansas City, MO 64105	
City/State and Zip Code	
vllake@dstaystems.ovm	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call;	
Val Lakeat (816) 435-8655	
Name of Person Area Code & Daytime Telephone Number	
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations	
Registration Section Registration Section P.O. Box 6327 Clifton Building	
Tallahassce, FL 32314 2661 Executive Center Circle Tallahassce, FL 32301	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & \$130.00 Filing Fee & Certificate of Status Certified Copy	

FL057 - 10/05/2010 C T System Online

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 DST Brokemge Solutions, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the pulpose 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," "L.L.C," "LLC,"
2 Delaware 3 45-1627187
(Jurisdiction under the law of which foreign limited limbility (FEI number, if applicable) company is organized)
4. 4/12/2011 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. After qualification
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 333 West l'Ith Street
Kansas City, MO 64105
(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:
Kenneth V. Hager, 333 West 11th Street, Konsas City, MO 64105
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
the jurisdiction runder 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 oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Holding company
James J. Hay
Signature of a member or an authorized representative of a member.
(In accordance with section 608,408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)
Kenneth V. Hager
Typed or printed name of signee

FLOST - IC.03/2010 C T System Online

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, PLORIDA 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 Li	ability Company is:	
DST Brokerage Solutions, LLC	<u> </u>	
If unavailable, the alternate to	pe used in the state of Florida is:	
2. The name and the Florida s	rect address of the registered agent and office are:	
C T Corporation	ystem	
	(Numo)	
1200 South Pine I	iland Road	
. Flo	rida Street Address (P.O. Box NOT ACCUPTABLE)	
Plantation	FL 33324	
	Clty/State/Zlp	

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.

C T Corporation System

By: Jessica Gardner, Asst. VP

(Signature)

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

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Delaware

PACE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DST BROKERAGE SOLUTIONS, 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 TWELFTH DAY OF JUNE, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

1967879 8300

120730201

You may verify this certificate online at corb. delaware. cov/authver. shtml

AUTHENTY CATION: 9637116

DATE: 06-12-12

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