Division of Corporations

Page 1 of 1

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (B50)222~1092 Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

Foreign Limited Liability Company NFP Advisor Services, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporation	ıs		
SUBJECT: NFP Advisor Service	es, LLC		
		ed Liability Company	
The enclosed "Application by For Existence, and check are submitted	eign Limited Liability Com I to register the above refer	pany for Authorization to Tr enced foreign limited liabili	ransact Business in Florida," Certificate of ty company to transact business in Florida
Please return all correspondence of	oncerning this matter to the	following:	
·	N	aine of Person	
	F	irm/Company	
 			
		Address	
			
•	City/S	tate and Zip Code	
	-mail address: Ita be use	d for future annual report notiff	cation
For further information concerning	-	g to recent amour report tour	
Lot sattlet intomation collecting	inis marier, prease can.		
		at () Area Code D	nytime Telephone Number
Name o	Contact Person	Area Code D	aytune Telephone Number
MAILING ADDRESS:		ET ADDRESS: in of Corporations	
Division of Corporations Registration Section		ation Section	
P.O. Box 6327			
Tallahassee, FL 32314	2661 E	xecutive Center Circle issee, FL 32301	
Enclosed is a check for the f	ollowing amount:		
□ \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORFIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate name adopted for the purpose inhility Company," "L.L.C." or "L.L.C.")	of transacting business in Florida. The	alternate name must include "Limited
Texas	3, 74-2794194	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FE)	er, if applicable)
(Dute first transpered business	ss in Florida. if prior to registration.)	
(See sections 605,0904 & 605.0	1905, F.S. to determine penalty liability	;
1250 Capital of Texas Highway S., Bldg. 2, Stc. 125		
Austin. TX 78746	dress of Principal Office)	
CT CORPORATION SYSTEM	aress of Principal Office;	
1200 SOUTH PINE ISLAND RD, PLANTATION, FL	33324-2525	
	Hailing Address)	
- '	person(s) who has/have autho	rity to manage is/are:
7. The name, title or capacity and address of the particle of	<u> </u>	rity to manage is/are:
Attached is an original certificate of existence, aving custody of records in the jurisdiction under eceptable. If the certificate is in a foreign language that be submitted) Signature	no more than 90 days old, duly the law of which it is organized, a translation of the certific	y authenticated by the official zed. (A photocopy is not ate under oath of the translator
FP Insurance Services, Inc., Sole Member 250 Capital of Texas Highway S., Bldg. 2, Ste. 125, Austin Attached is an original certificate of existence, aving custody of records in the jurisdiction under eceptable. If the certificate is in a foreign language sust be submitted)	no more than 90 days old, duly the law of which it is organized, a translation of the certific	y authenticated by the official zed. (A photocopy is not ate under oath of the translator

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:		
NFP Advisor Services, LLC				
If unavailable	e, the alternate to be used	d in the state of Florida is:		
2. The name	and the Florida street ad	ddress of the registered agent and offic	ce are:	
	C T Corporation System			
		(Name)		
	1200 South Pine Island R	Road		
	Florida Str	rees Address (P.O. Box NOT ACCEPTABLE)		
	Plantation	FL 33324 City/State/Zip		
liability comp registered ag statutes relate	ouny at the place designation in the contract of the contract of the proper and contract on the proper and contract of the place	nt and to accept service of process for t ted in this certificate, I hereby accept to his capacity. I further agree to comply nplete performance of my duties, and I as registered agent as provided for in C	he appointment as with the provisions of all am familiar with and Chapter 605, Florida	
	C T Corporation Syst	com Lehn I had	Sohan R. Dindyal Vice President	

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

Corporations Section P O.Box 13697 Austin, Texas 78711-3697



Nandita Berry Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for NFP Advisor Services, LLC (file number 802056265), a Domestic Limited Liability Company (LLC), was filed in this office on September 02, 2014.

It is further certified that the entity status in Texas is in existence.

TILEU 14 SEP 26 M B 19

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 25, 2014.



NANDITA BERRY

Nandita Berry Secretary of State