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### FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

03-31-15

NAME:

ONE WEALTH MANAGEMENT FINANCIAL

AND INSURANCE SERVICES, LLC

TYPE OF FILING: FOREIGN QUALIFICATION

COST:

125.00

**RETURN: PLAIN COPY PLEASE** 

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: One Wealth Management Financial and Insurance Services, LLC
Name of Limited Liability Company
The enclosed "Application by Poreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Fred F. Corbalis III
Name of Person
Spierer Woodard Corbalis & Goldberg
Firm/Company
707 Torrance Blvd., Suite 200
Address
Redondo Beach, CA 90277
Clty/State and Zip Code
Fred.Corbalis@practicallawyer.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Fred F. Corbalis III 310 540-3199
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, FL 32314  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Pi\$\$ \$125.00 Filing Fee \$\Pi\$\$ \$\Pi\$\$ \$130.00 Filing Fee & Certificate of Status \$\Pi\$\$ Certified Copy  \$\Pi\$\$ \$125.00 Filing Fee & Certified Copy

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. One Wealth Management Financial and Insurance Services, LLC	
(Name of Poreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.C.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Limited Limite	
2. California 3. 47-3541644	
(Brisdiction nader the law of which foreign limited liability (PEI number, if applicable) company is organized)	
4. N/A	
(Dute first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to deformine penalty liability)	
<sub>5.</sub> <u>520 Broadway, Suite 300</u>	
Santa Monica, CA 90401	
(Street Address of Principal Office)	
6. 520 Broadway, Suite 300	
Santa Monica, CA 90401	•
(Malling Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Jeremy P. Dicker, Steven Dark, Darren Wright, Ed Wirtz,	
Ira Hermann and Christopher McMahon (all are Members)	
520 Broadway, Suite 300, Santa Monica, CA 90401	
8. 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 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 eath of the translation must be submitted)	or Füs
× CM/	15 MAR
Signature of an authorized person  (a accordance with section 605.0203, P.S., the execution of this document constitutes as affirmation under the pumilies of perjuty that the thota stated beyond an aware that say false information subgridied in a document to the Department of State constitutes a third degree follows as provided for in a \$17,151, P.S.)	100 Em
Jeremy P. Dicker	
Typed or printed name of signee	8:5
AT 15-6	U7

## 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.

The name of the Limited Liability Company is:     One Wealth Management Financial and Insurance Services, LLC  If unavailable, the alternate to be used in the state of Florida is:		

Paracorp Inco	orporated	
	(Name)	
155 Office Plaza Drive, 1st Floor		
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Tallahassee	FL 32301	
	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 605, Florida Statutes.

NINH 40, ASST. SECRES

\$ 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 California

### Secretary of State

#### **CERTIFICATE OF STATUS**

ENTITY NAME: ONE WEALTH MANAGEMENT FINANCIAL AND INSURANCE SERVICES,

LLC

FILE NUMBER:

201508210207

FORMATION DATE:

03/20/2015

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

**CALIFORNIA** 

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 27, 2015.

ALEX PADILLA Secretary of State

РАМ