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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: WEALTH INVESTMENT SOLUTIONS, LLC Name of Limited Liability Company				
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certific Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in F				
Please return all correspondence concerning this matter to the following:				
ULLI STEINER				
Name of Person				
TAX PROFESSIONAL SERVICES, LLC				
Firm/Company				
1105 W MAPLE AVE				
Address				
GENEVA, AL. 36340				
City/State and Zip Code				
ulli@taxprollc.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
ULLI STEINER , 334 684-6398				
Name of Contact Person Area Code Daytime Telephone Number				
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				
Enclosed is a check for the following amount: • \$\Pi\$ \$125.00 Filing Fee \tag{ \Pi} \$130.00 Filing Fee \tag{ \Pi} \$155.00 Filing Fee \tag{ \Pi} \$160.00 Filing Fee, Certificate of Status \tag{ Certified Copy } \tag{ of Status \tag{ Certified Copy } })			

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

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT	STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTE TBUSINESS IN THE STATE OF FLORIDA:
$_{ m 1.}$ WEALTH INVESTMENT SOLUTIONS, $_{ m 1.}$	
	lude "Limited Liability Company," "L.L.C.," or "LLC.")
WEALTH INVESTMENT SERVICES, I	LLC
(If name unavailable, enter alternate name adopted for the purpose of Liability Company," "L.L.C," or "LLC.")	transacting business in Florida. The alternate name must include "Limite
_{2.} ALABAMA	_{3.} 46-2609332
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4(Date first transacted business in	n Florida, if prior to registration.)
(See sections 605.0904 & 605.090)	5, F.S. to determine penalty liability)
2290 VALLEYDALE RD. SUITE	202
BIRMINGHAM, AL. 35244	
	ss of Principal Office)
5. 2290 VALLEYDALE RD. SUITE	202
BIRMINGHAM, AL. 35244	
(Mail	ling Address)
7. The name, title or capacity and address of the per	rson(s) who has/have authority to manage is/are:
MARCIA MILLER SWEET, MGR	
,,,,	

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 oath of the translator must be submitted)

Signature of an authorized person

(In accordance with section 605,0203, 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 at the department of State constitutes at the department of the department of State constitutes at the department of the department of State constitutes at the department of the de

MARCIA MILLER SWEET

Typed or printed name of signee

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:

WEALTH INVESTMENT SOLUTIONS, LLC

If unavailable, the alternate to be used in the state of Florida is:

WEALTH INVESTMENT SERVICES, LLC

2. The name and the Florida street address of the registered agent and office are:

MARCIA MILLER SWEET (Name) 495 GRAND BOULEVARD, SUITE 206 Florida Street Address (P.O. Box NOT ACCEPTABLE) MIRAMAR BEACH FL 32550

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.

Marcia Milv Sweet
(Signature)

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

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that WEALTH INVESTMENT SOLUTIONS, LLC. was formed in Shelby County, Alabama on April 17, 2013. The Alabama Entity Identification number for this entity is 280-704. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

4/22/2015

Date

X 2. Menill

John H. Merrill

Secretary of State