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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 14 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BILTMORE FAMILY OFFICE, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign 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:

CHRISTOPHER H.A. CECIL

Name of Person

BILTMORE FAMILY OFFICE, LLC

Firm/Company

4701 HEDGEMORE SRIVE, SUITE 500

Address

CHARLOTTE, NC 28209

City/State and Zip Code

CHRIS@BILTMOREFAMILYOFFICE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER CECIL

704

248-5230

Name of Contact Person

at ()

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:

☐ \$125.00 Filing Fee

☐ \$130.00 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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BILTMORE FAMILY OFFICE, 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 purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NORTH CAROLINA, USA 3. 46-2112854
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 05/04/2015
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 109 EAST CHURCH STREET, SUITE 425
ORLANDO, FL 32801
(Street Address of Principal Office)

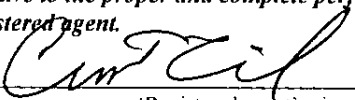
6. 4701 HEDGEMORE DRIVE, SUITE 500
CHARLOTTE, NC 28209
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CHRITOPHER H.A. CECIL
Office Address: 109 EAST CHURCH ST, SUITE 425
ORLANDO, Florida 32801
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

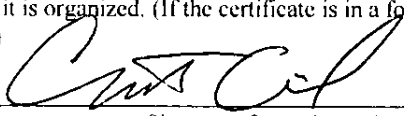
CHRISTOPHER H.A. CECIL, MANAGER

BILTMORE FAMILY OFFICE, LLC

4701 HEDGEMORE DRIVE, STE 500, CHARLOTTE, NC 28209

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SECRETARY OF STATE
ALLAHUSSEIN FLORIDA

9. Attached is a 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. (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 a third degree felony as provided for in s.817.155, F.S.)

CHRISTOPHER H.A. CECIL
Typed or printed name of signer



**LIMITED LIABILITY COMPANY
ANNUAL REPORT**

E-Filed Annual Report
8767940

Do not data enter manually.

NAME OF LIMITED LIABILITY COMPANY: *BILTMORE FAMILY OFFICE, LLC*

REPORT FOR THE YEAR: *2015*

STATE OF INCORPORATION: *NC*

SECRETARY OF STATE L.L.C. ID NUMBER: *1033960*

NATURE OF BUSINESS: *Investment Management, Financial Planning, and Family Office Services*

REGISTERED AGENT: *Cecil, Christopher H. a*

REGISTERED OFFICE MAILING ADDRESS: *4701 Hedgemore Dr, Ste 500*

Charlotte, NC 28209-3281

REGISTERED OFFICE STREET ADDRESS: *4701 Hedgemore Dr, Ste 500*

Charlotte, NC 28209-3281 Mecklenburg County

PRINCIPAL OFFICE TELEPHONE NUMBER: *704-248-5230*

PRINCIPAL OFFICE MAILING ADDRESS: *4701 Hedgemore Dr, Ste 500*

Charlotte, NC 28209-3281

PRINCIPAL OFFICE STREET ADDRESS: *4701 Hedgemore Dr, Ste 500*

Charlotte, NC 28209-3281

Company Officials:

Name: *Christopher H.A. Cecil*

Title: *Manager*

Address:

2441 Lemon Tree Lane

Charlotte, NC 28211

Name: *BFO Holdings, LLC*

Title: *Member*

Address:

4701 Hedgemore Dr, Ste 500

Charlotte, NC 28209

Name: *Scott K Mullen*

Title: *Member*

Address:

4019 Hunt Club Ct

Agoura Hills, CA 91301

Name: *Michael Farrell*

Title: *Member*

Address:

9215 Woodriver Lane

Charlotte, NC 28277

CERTIFICATION OF ANNUAL REPORT MUST BE COMPLETED BY ALL LIMITED LIABILITY COMPANIES

Christopher H.A. Cecil

4/8/2015

FORM MUST BE SIGNED BY A MANAGER/MEMBER

DATE

Christopher H.A. Cecil

Manager

TYPE OR PRINT NAME

TYPE OR PRINT TITLE

ANNUAL REPORT FEE: E-Paid MAIL TO: Secretary of State • Corporations Division • Post Office Box 29525 • Raleigh, NC 27626-0525



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

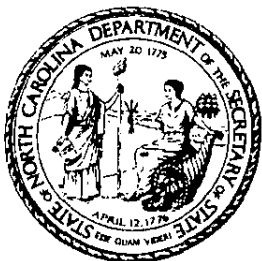
I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

BILTMORE FAMILY OFFICE, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 20th day of March, 2008, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 17th day of April, 2014.

Elaine F. Marshall

Secretary of State