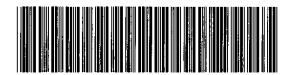
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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SEGRETARY OF STATE
THE STATE OF STATE



TO:	Registration Section Division of Corporations
SUBJE	Accelerated Wealth Advisors LLC
50141	Name of Limited Liability Company
The en-	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Flori
Please	return all correspondence concerning this matter to the following:
	Danette Lilja
	Name of Person
	BL Speer & Associates
	Firm/Company
	104 S. Cascade Avenue, Ste. 200C
	Address
	Colorado Springs, CO 80903
	City/State and Zip Code
	sos@hlspeer.com
	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	Danette Lilja 719 381-1708
	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

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

IN COMPLIANCE WITH SECTION 608,0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	:		.C,"or"(I.C.")
		of transacting business in Florida. The alter	nate name must include "Limited
hility Company," "L.L.C Colorado	," G "LLLL")	80-0957459	
urisdiction under the law	of which fureign limited liability	3. (FEII number, if app	plicable)
Not applicable			
	(Date first transacted business	in Florida, if prior to registration.	
13570 Meadowgrass)		905, F.S. to determine penalty liability)	
		- <u> </u>	
Colorado Springs, CO	80921 (Street Address of Pri		
Same as above	(Sales vaniers of La	ncps (mas)	
			
	(Mailing Ad	April 1	
None and steed adde.	an of Florida registered agent: (P.O	•	
	inCom Services, Inc.	. Box Not seceptime)	
Name:		· , · · · · · · · · · · · · · · · · · ·	
Office Address:	17888 67th Court North		
	Loxabatches	Florida 33470	
ning bom named es re	egistered agent and to accept service	(Zip of process for the above stated corp.	oration at the place designated in
using been named as vi a application, I hereby is the provisions of all	phines; ogistered agent and to accept servic accept the appointment at register stainter relative to the proper and i ition as registered agent.	(Zip of process for the above stated corpored agent and agree to act in this capa complete performance of my duties, a	oration at the place designated in city. I further agree to comply nd I am familiar with and accept
using been named as vise application, I haveby the provisions of all a abligations of my pos The name, title or cap	pinnes; significant and to accept service accept the appointment as register statutes relative to the proper and di ition as registered agant. (Registered	(Zip of process for the above stated corpored agent and agree to act in this capa	oration at the place designated in city. I further agree to comply nd I am familiar with and accept of the comply of the comply of the complex of the comple
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Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

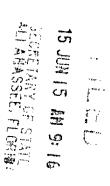
Accelerated Wealth Advisors LLC

is a **Limited Liability Company** formed or registered on 10/31/2013 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20131633861.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/08/2015 that have been posted, and by documents delivered to this office electronically through 05/12/2015 @ 10:37:33.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 05/12/2015 @ 10:37:33 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 9185610.





Secretary of State of the State of Colorado

************End of Certificate************************

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/hiz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."