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(Re	equestor's Name)					
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PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Do	ocument Number)					
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 070417 7951683

AUTHORIZATION : Syrell Bles

COST LIMIT : \$\sqrt{1},041.25

ORDER DATE: March 18, 2016

ORDER TIME : 1:24 PM

ORDER NO. : 070417-025

CUSTOMER NO: 7951683

FOREIGN FILINGS

NAME: ROSE GLEN ADVISORS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

TO:

TO:	~	ration Section on of Corporation	ns						
SUBJE		Rosc Glen Adviso	ors, LLC						
5000									
						nsact Business in Florida," Certificate of company to transact business in Florida			
Please re	eturn al	l correspondence o	oncerning this matter to the	following:					
		Morey H. Gold	berg, President						
		Name of Person							
		Rose Glen Advisors, LLC							
		Firm/Company							
		308 E. Lancaster Avc. Ste. 301							
		Address							
		Wynnewood, PA 19096							
		City/State and Zip Code							
		lturco@roseglen	advisors.com						
			E-mail address: (to be used	for future annual	report not	(fication)			
For furth	h e r info	rmation concernin	g this matter, please call:						
	Morey	H. Goldberg		610	991-28:	58			
		Name o	f Contact Person	Arca Code	Day	time 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							
Enclose		neck for the follow 5.00 Filing Fee	ing amount: \$\Bigsim \text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\$\text{\$\$\text{\$\$\text{\$\text{\$\text{\$\text{\$\$}\exitt{\$\text{\$\text{\$\text{\$\text{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\$\text{\$\$\text{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\}}}}}\$}\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\}\$}}}\$}\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{	☐ \$155.00 Filing Certified Copy	g Fee &	□ \$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: Rose Glen Advisors, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Rose Glen Insurance Agency, 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. DE 46-3379156 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 11/01/2013 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 308 E. Lancaster Ave. Ste. 301 Wynnewood, PA 19096 (Street Address of Principal Office) 308 E. Lancaster Ave. Ste. 301 Wynnewood, PA 19096 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee (City) Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith 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.

Corporation Service Company Courtney Williams By: Asst. Vice President (Registered agent/s signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Morey H. Goldberg, President 308 E. Lancaster Ave. Ste. 301 Wynnewood, PA 19096 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 authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Morey H. Goldberg

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ROSE GLEN ADVISORS, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROSE GLEN ADVISORS, LLC" WAS FORMED ON THE FIFTH DAY OF AUGUST, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Authentication: 202009647

Date: 03-18-16

5378650 8300 SR# 20161746412