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(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
— (Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to		
Marha (Remission MGR) a	enge of	jarre add
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Am, 2/5/16

COVER LETTER

	egistration Se Division of Cor		ı				
SUBJECT		stment Ad	visory Services, LLC				
Sebole	· -		Name of I	imited Liability C	ompany	-	
			ign Limited Liability Comp to register the above refere				
Please retu	ırn all correspo	ndence co	ncerning this matter to the	following:			
	Martha	a Lange					
			Na	nme of Person	•		
	CBIZ					-	
		Firm/Company Oak Tree Blvd., Suite 500					
	6050 (Dak Tree I	Blvd., Suite 500				
		Address					
	Cleveland, OH 44131						
			City/St	ate and Zip Code			
	mlange(@cbiz.con	1				
	-		E-mail address: (to be used	for future annual	report noti	fication)	
For further	r information c	oncerning	this matter, please call:				
N	Martha Lange			216 at (525-195	37	
		Name of	Contact Person	Area Code	Dayı	time Telephone Number	
D R P	MAILING AD Division of Cor- Registration Sec 2.O. Box 6327 Callahassee, FL	porations ction			Division of Registrati Clifton Bo 2661 Exe	ADDRESS: of Corporations on Section ailding cutive Center Circle ee, FL 32301	
	is a check for tl ■ \$125.00 Filir		ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	□ \$160.00 Filing Fee, C of Status & Certified Co	

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, CBIZ Investment Adv	isory Services, LLC				
(Name of For	eign Limited Liability Company; must in	nelu	de "Limited Liab	ility Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter a Liability Company," "L.L.C	lternate name adopted for the purpose of "or "LLC.")	f tran	sacting business	in Florida. The alternate nan	ne must include "Limited
2. Delaware		3	81-3968784		
	of which foreign limited liability	J.		(FEI number, if applicable)	
4	/D	···· •			-
	(Date first transacted business i (See sections 605.0904 & 605.090	m Fl 05, F	onda, if prior to S. to determine	registration.) penalty liability)	
5. 6050 Oak Tree Blvd.,					_
Cleveland, OH 44131					
	(Street Address of Prin	cipa	l Office)		-
6. 6050 Oak Tree Blvd.,	Suite 500 .				_
Cleveland, OH 44131					
	(Mailing Add	iresa)	•	•
7. Name and street address	ss of Florida registered agent: (P.O.	Вох	NOT accepta	ble)	
Name:	CT Corporation System				
Office Address:	1200 South Pine Island Road				
	Plantation			Florida 33324	
	(City)	-		, Florida 33324 (Zip code)	-
designated in this applica to complywith the provisi	egistered agent and to accept service tion, I hereby accept the appointme ons of all statutes relative to the promy position as registered agent.	ent a oper	s registered ag	ent and agree to act in thi	s capacity. I further agree , and I am familiar with and *
		•	•		
	acity and address of the person(s) who Oak Tree Blvd., Suite 500, Clevelar			y to manage is/are:	
					
 Attached is a certificate jurisdiction under the law of the translator must be so 	of existence, no more than 90 days of which it is organized. (If the certisubmitted)	old, ficat	duly authentica e is in a foreigr	ted by the official having on language, a translation of	custody of records in the the certificate under oath
	Signature of a	an au	thorized person		•
This document is executed submitted in a document to	d in accordance with section 605,020 the Department of State constitutes	3 (1) a th) (b), Florida St ird degree felor	atutes. I am aware that any ny as provided for in s.817.	false information 155, P.S.
	Michael W. Gleespen, Secretary				

Typed or printed name of signee

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:

(Name of Fore	ign Limited Liability Co	ompany; must incl	ude "Limited Lia	bility Company." "L.L.C" or	"LLC.")
If name unavailable, enter al	ternate name adopted fo	or the purpose of tr	ansacting busines	es in Florida. The alternate nar	ne must include "Limited
.iability Company." "L.L.C."	or "LLC.")				
Delaware		3	. <u>81-3968784</u>		
(Jurisdiction under the law company is organized)	of which foreign limited	I liability		(FEI number, if applicable)
	(Date first trans (See sections 605.	sacted business in	Florida, if prior to	registration.)	_
		.0904 & 605.0905	, F.S. to determin	e penalty liability)	
6050 Oak Tree Blvd., S	Suite 500				_
Cleveland, OH 44131					_
6050 Oak Troo Plust S		Address of Princi	pal Office)		
6050 Oak Tree Blvd., S	ane 500				_
Cleveland, OH 44131					_
		(Mailing Addre	ess)		
Name and street addres	<u>s</u> of Florida registered	d agent; (P.O. B	ox <u>NOT</u> accept	able)	
Name:	CT Corporation Sys	stem	<u> </u>	_	
Office Address:	1200 South Pine Isla	and Road		_	
	Plantation			_ , Florida	
egistered agent's accep		(City)		(Zip code)	_
esignated in this application	tion, I hereby accept ons of all statutes rela	the appointmen ative to the prop	t as registered a	e above stated limited liab igent and agree to act in th e performance of my dutie.	is capacity. I further agre
		(Registered	agent's signature)		_
3. The name, title or capa	ncity and address of th	ne person(s) who	has/have autho	rity to manage is/are:	
Matthew J. Morelli, 6050	Oak Tree Blvd., Suite	e 500, Cleveland	l, OH 44131	(max)	
				·	
	of which it is organize	ed. (If the certifi	cate is in a forei	cated by the official having gn language, a translation o	
		Signature of ar	authorized perso	on	
				Statutes. I am aware that an ony as provided for in s.81'	
	Michael W. Gleespe	en. Secretary			

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 "CBIZ INVESTMENT ADVISORY SERVICES,

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 FIRST DAY OF NOVEMBER, A.D. 2016.

6153529 8300 SR# 20166439752 Authentication: 203262283

Date: 11-01-16