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(Requestor's Name)					
(Address)					
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
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(Document Number)					
Certified Copies	_ Certificates	of Status			
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ALLAHASSEE FI OBILE





FLORIDA DEPARTMENT OF STATE Division of Corporations

December 28, 2016

LYTO MARCIUS 2930 PINE AVE APOPKA, FL 32703

SUBJECT: FIDUCIA FINANCIAL SERVICES, LLC

Ref. Number: W16000086261

We have received your document for FIDUCIA FINANCIAL SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 916A00027533

COVER LETTER

Registration Section

TO:

Div	ision of Corporation	IS .			
SUBJECT:	Fiducia Financial Services Name of Limited Liability Company				
SUBJECT:					
				insact Business in Florida," Certificate of company to transact business in Florida.	
Please return	all correspondence c	oncerning this matter to the	following:		
	Lyto Marcius				
	Name of Person				
	Fiducia Financial Services				
	Firm/Company				
	2930 Pine ave				
	Address				
	Apopka, Fl. 32703				
		City/S	tate and Zip Code		
	fiducia2900@gm				
		E-mail address: (to be used	I for future annual report not	ification)	
For further i	nformation concernin	g this matter, please call:			
Loc	ojimps Marcius		770 734-41:	33	
_	Name o	of Contact Person		time Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327		STREET ADDRESS: Division of Corporations Registration Section Clifton Building			
	lahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301		
	a check for the follow \$125.00 Filing Fee	ring amount: ☐ \$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 FLORIDA IN COMPNANCE 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: Fiducia Financial Services, 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. Georgia (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 509 Carriage Walk path Stone Mountain, Ga. 30087 (Street Address of Principal Office) 2900 Chamblee Tucker Rd blg 4 ste 200 Atlanta, Ga. 30341 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Lyto Marcius Name: 2930 Pine ave Office Address: Apopka (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 régistered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Lyto Marcius 2930 Pine Ave Apopka, Fl. 32703 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)

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.

Loojimps Marcius

Typed or printed name of signce

Control Number: 0606318

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of Georgia, do hereby certify under the seal of my office that

IDUCIA FINANCIAL SERVICES, LLC

Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity/is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official/Code of Georgia-Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal-existence of the above-named entity as of the date issued. It does not certify whether of not a notice of intent to dissolve an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number Date Inc/Auth/Filed Jurisdiction

Print Date Form Number : 13764512 :01/11/2006

: Georgia

: 12/30/2016

:211



Brian P. Kemp Secretary of State