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COVER LETTER .

		ation Section 1 of Corporation	s					
SUBJEC	_	kel Advisory Ser						
COULC	••	Name of Limited Liability Company						
						nsact Business in Florida," Certifica company to transact business in Flo		
Please ret	urn all	correspondence c	oncerning this matter to the	following:				
		Kevin Harris						
		Name of Person						
		Bickel Advisory Services, L.L.C.						
		Firm/Company						
		300 Mill Street.	Suite 200					
		Address						
		Moorestown, NJ 08057						
			City/S	tate and Zip Code				
		kevin@runsignuj	o.com					
	•		E-mail address: (to be used	l for future annual	report not	ification)		
For furthe	er infor	nation concerning	g this matter, please call:					
	Kevin l	Harris		856 at (912037	3		
_		Name o	f Contact Person	Area 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		of Corporations ion Section uilding centive Center Circle				
		eck for the follow .00 Filing Fee	ing amount: \$\Boxed{\Boxes} \\$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 22, 2016

KEVIN HARRIS 300 MILL ST, STE 200 MOORESTOWN, NJ 08057

SUBJECT: BICKEL ADVISORY SERVICES, L.L.C.

Ref. Number: W16000085423

SECRETARY OF STATE
TAILAHASSEE, FLORIDA

We have received your document for BICKEL ADVISORY SERVICES, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

Please return 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.

Octavia I Simmons Regulatory Specialist II

Letter Number: 516A00027246

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. Bickel Advisory Service (Name of Fore		st include "Lin	nited Liability Company," "L.L.C.," or "LI	.C.")
		<u>. </u>		
Liability Company," "L.L.C,"	ternate name adopted for the purpose or "LLC.")	e of transacting	business in Florida. The alternate name n	nust include "Limited
2. New Jersey		3. 81-05	58775	
(Jurisdiction under the law company is organized)	of which foreign limited liability	<i></i> -	(FEI number, if applicable)	
4. 3/1/2015	•			
· · · · · · · · · · · · · · · · · · ·	(Date first transacted busine (See sections 605.0904 & 605.	ss in Florida, i 0905, F.S. to o	f prior to registration.) tetermine penalty liability)	
5. 300 Mill Street, Suite 2	200			
6 Moorestown, New Jers	(Street Address of I ev. 08057	rincipal Office	e)	
6				M.C.
	(Mailing	Address		T JAN II PH 3: 4 ACMISION OF SECTORATE
7 Name and street address	, ,	,	F	JAN
/. Name and street addres	s of Florida registered agent: (P.		Lacceptable)	
Name:	United States Corporation Age	nts, Inc.		173 —
Office Address:	13302 Winding Oak Court, Sui	te A		PH
	Tampa		, Florida <u>33612</u>	့ ယု 🎉
	(City)		(Zip code)	
Registered agent's accep		ulas at menas	ss for the above stated limited liability	Annual of the place
designated in this applicate to complywith the provision	tion, I hereby accept the appoint	tment as regi	stered agent and agree to act in this complete performance of my duties, a	apacity. I further agree
	Chevenne	Moselev Ar	st. Secretary on behalf of United State	es Corporation Agents, Inc.
		tered agent's si		
8. The name, title or caps	acity and address of the person(s)	who has/hav	e authority to manage is/are:	
Kevin M. Harris				
Chief Finance & Operation	ns Officer			
	of which it is organized. (If the cubmitted)	ertificate is in	authenticated by the official having cus a a foreign language, a translation of th	
	Signature	of an authoriz	ed person	
			Florida Statutes. I am aware that any fa gree felony as provided for in s.817.15	
	Kevin M. Harris			

Typed or printed name of signee

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

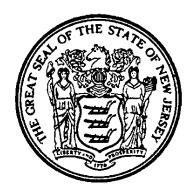
BICKEL ADVISORY SERVICES, L.L.C. 0600144306

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on June 26, 2002.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

ROBERT W BICKEL RUNSIGNUP 300 MILL ST. SUITE 200 MOORESTOWN, NJ 08057



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 8th day of December, 2016

Ford M. Scudder Acting State Treasurer

Certificate Number: 6076196268

Verify this certificate online at

 $https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp$