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Fax Number From:	: (850)617-6383		SEF
Account Name Account Number	: C T CORPORATION SY : FCA000000023	STEM	FLOR
Phone Fax Number	: (614)280-3338 : (954)208-0845		
**Enter the email addres annual report mail:	s for this business e ings. Enter only one a		
Email Address:		<u></u>	
Fareis	gn Limited Liability	Company	
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To Page 4 of 7

2017-02-03 16:02:33 CST

12122023573 From: Kimberly Laughrey

## COVER LETTER

## TO: Registration Section Division of Corporations

Wasmer, Schroeder & Company, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida...

Please return all correspondence concerning this matter to the following:

Kimberley K Burns

Name of Person

Wasmer, Schroeder & Company, LLC

Firm/Company

600 5th Avenue South, Suite 210

Address

Naples, FL 34102

City/State and Zip Code

accounting@wasmerschroeder.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberley K Burns		239 at (	263-6877	
Name	of Contact Person	Area Code	Daytime Telephone Number	
MAILING ADDRESS	<u>1</u>		STREET ADDRESS:	
Division of Corporation.	5	Division of Corporations		
Registration Section			Registration Section	
P.O. Box 6327		Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		
		Tallahassec, FL 32301		
Enclosed is a check for the follow	ving amount:			
図 \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy	g Fee & 🖾 \$160.00 Filing Fee, Certificate of Status & Certified Copy	

To: Page 6 of 7 2017-02-03 16:02:33 CST

INVESTMENT ADVISORS

ER & COMPANY

12122023573 From: Kimberly Laughrey

23573 From IN 2017 JAN 30 AM 10: 13 ALLAHASSEE, FLORIDI

January 30, 2017

Florida Department of State **Division of Corporations Registration Section Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32301

WASMER, SCH

To Whom It May Concern:

This letter is to notify the State of Florida that Wasmer, Schroeder & Company, Inc. from the State of Florida give its consent to Wasmer, Schroeder & Company, LLC to use that name in the State of Florida.

Sincerely,

Josephine M. DiM fetta Senior Vice President Wasmer, Schroeder & Company, Inc. ھ

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## 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. Wasmer, Schroeder & Company, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

		ansacting business in Florida. The alternate na	me must include "Limited
Liability Company," "L.L.C,"	for "ULC.")	20, 4020170	
2. Delaware (Janisdiction under the law company is organized)	of which foreign limited liability	38-4022172 (FBI number, if applicable	;)
4.			
·····	(Date first transacted business in I (See sections 605.0904 & 605.0905)	Sorida, il prior to registration.) F.S. to determine penalty liability)	-
5. 600 5th Avenue South	Suite 210		100
Naples, FL 34102			The T
6 500 5th Avenue South,	(Street Address of Princip Suite 210	pal Office)	TALLAHASSEF. FLORING
Naples, FL 34102			
	(Mailing Addre	ss)	To B
7. Name and street addres	s of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	
Name:	Josephine M. DiMolfetta		
Office Address:	600 5th Avenue South, Suite 210		
	Naples (City)	, Florida <u></u> (Zip code)	
designated in this applica to complywith the provision accept the obligations of t	tion, I hereby accept the appointment ons of all statutes relative to the propeny ny position as registered agent. By:	f process for the above stated limited liab as registered agent and agree to act in the er and complete performance of my duties ( () () () () () () () () () () () () (	is capacity. I further agree
8. The name, title or cana	city and address of the person(s) who	has/have authority to manage is/are:	
	and the second se	der, President; Edward A. Morton, Manag	ing
Director; Josephine M. Di	Molfetta, Sr. VP & Secretary; Justin S	S. Land, Sr. VP; Jason D. Diefenthaler, Sr.	VP;
Elizabeth R. McHugh, Dis	rector of Client Services - all have the	address of 600 5th Ave. S #210, Naples, H	H. 34102
jurisdiction under the law o of the translator must be su	of which it is organized. (If the certific ibmitted)	d, duly authenticated by the official having ate's in a foreign language, a translation of authorized person	of the certificate under oath
	the Department of State constitutes a	<ol> <li>(b), Florida Statutes. I am aware that ar third degree felony as provided for in s.81</li> </ol>	
	Josephine M. DiMolfetta		<del>.</del>

Typed or printed name of signee

2017-02-03 16:02:33 CST



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WASMER, SCHROEDER & COMPANY, 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 TWENTY-SEVENTH DAY OF JANUARY, A.D. 2017.

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





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SR# 20170494123 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 201944607 Date: 01-27-17

To: Page 3 of 7

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12122023573 From: Kimberly Laughrey

850-617-6381

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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2017

CT CORPORATION SYSTEM

SUBJECT: WASMER, SCHROEDER & COMPANY, LLC REF: W17000009198

vie,

• •.

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Deborah Bruce Regulatory Specialist II FAX Aud. #: H17000028590 Letter Number: 317A00002239

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P.O BOX 6327 - Tallahassee, Florida 32314