M17000005121

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(Address)					
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(Cit	ry/State/Zip/Phone	· #)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
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17 JUN 15 PH 2: 54
SECRETARY OF STATE TALL AHASSEE FLORINA

S. WARREN JUN 1 6 2017



June 8, 2017

GLORIA J. MOORE 8 THE GREEN, SUITE A DOVER, DE 19901

SUBJECT: OPULENCE WEALTH MANAGEMENT LLC

Ref. Number: W17000048516

We have received your document for OPULENCE WEALTH MANAGEMENT LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

NEED DELAWARE SHORT FORM GOOD STANDING CERTIFICATE,

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 617A00011630

COVER LETTER

TO:	Registration Sec Division of Corp						
SUBJE	ст:()	pulence 1	Wealth Name of 1	Manageme Limited Lability (n) [] Company	C	
						ransact Business in Florida," Certificate of ty company to transact business in Florida	
Please	eturn all correspon	dence concerning	g this matter to the	following:			
		410	DRIA J. M	nme of Person			
		Opulence	Weath 1	MMAGEML rm/Company	nt, l	LC	
		8 The	Green St	Address			
Dover DE 19901 City/State and Zip Code							
Gloria J Moore Lo Dama I. Com E-mail address: (to be used for future annual report notification)							
For furt	her information co	ncerning this matt	ter, please call:				
	Gloria	MOOFE Name of Contact	Person	at (84 5 Area Code	/	1-1770 ytime Telephone Number	
	MAILING ADD Division of Corpo Registration Secti P.O. Box 6327 Tallahassee, FL 3	orations on			Division Registra Clifton I 2661 Ex	T ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301	
IVEU	d is a check for the \$125.00 Filing	Fee 🗆 \$130.	nt: .00 Filing Fee & ate of Status	□ \$155,00 Filir Certified Copy	ng Fee &	\$160.00 Filing Fee, Certificate of Status & Certified Copy Paid reference # W17000048516	

~N

Ref# W17000048516

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	ION 605.0902, FLORIDA STATUTES, THE P SINESS IN THE STATE OF FLORIDA:	JELOWING IS SUBMITTED TO REGIS.	IEKA PORIIGN LIMITID LIABILIT
1. Opulence \	Mealth Management, Limited Liability Company; must include "Limited	LC	\
apulence 1	Group ILC		
(If name unavailable, enter alternate nam	ne adopted for the purpose of transacting business in Flo	rida The alternate name must include "Limited Lie	ability Company," "L.L.C," or "LLC.")
2. Playare (Jurisdiction under the law of which	ch foreign limited liability company is organized)	3. <u>82-16 19051</u>	ber, (Tapplicable)
V	a ogames,	(V 21	
4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration.)	
O The Acce	(See sections 605.0904 & 605.0905, F.S. to determi	ine penalty liability)	C7v V
5. (Street Address of Pri	ncipal Office)	6. Nul uver	Iress)
DOVER DE 19	9901	Dover DE 10	1901
	MALE REAL PROPERTY OF THE PARTY		
	AEL 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
7. Name and street address	of Florida registered agent: (P.O. Box	NOT acceptable)	SSS: ANY SSS: SSS: SSS: SSS: SSS: SSS: SSS: SS
Name:	bloria J. Moore		
Office Address:	4320 Riverside Or	#3	FLOST :
	Coral Serinas	, Florida 3306	
Registered agent's accepta	(Eity)	(Zip co	dc)
Having been named as rega	istered agent and to accept service of μ		
designated in this application	on, I hereby accept the appointment a ns of all statutes relative to the proper	s registered agent and agree to acc	in this capacity. I further agre
	ns of all statutes relative to the proper of my position ag registered agent, /	ana complete perjormance of my	uuties, ana 1 um jumitar with
	Morie V Ma	IM O	
-	(Registered autom's	signature)	
	rity and address of the person(s) who ha	is/have authority to manage is/are:	
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>CEO</u>	Gloria J Moore		
	Caral Springs FL 33065	<u>)</u>	
	1 0		
			•
		- -	
(Use attachments if necessar	ary)		
9. Attached is a certificate o	of existence, no more than 90 days old.	duly authenticated by the official h	aving custody of records in the
jurisdiction under the law of	f which it is organized. (If the certificat		
of the translator must be sub		11	
-	Iloria Aignature	of an authorized person	
10. This document is a	I I		Al-A E-l ' E '
submitted in a document to t	ted in accordance with section 605.0203 the Department of State constitutes a th	ird degree felony as provided for in	s.817.155, F.S.
	Eloxia J.	Moore	

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 "OPULENCE WEALTH MANAGEMENT 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 THIRTEENTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OPULENCE WEALTH MANAGEMENT LLC" WAS FORMED ON THE NINETEENTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202699578

Date: 06-13-17