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N. CAUSSEAUX JUN 22 2017

## **COVER LETTER**

	egistration Section ivision of Corporati	ons						
SUBJECT		io Solutions, LLC						
Name of Limited Liability Company								
		oreign Limited Liability Comp ted to register the above refer						
Please retu	rn all correspondence	e concerning this matter to the	following:					
	H. Lee Chen	ey, III						
	- "	N	ame of Person					
Structured Portfolio Solutions, LLC								
Firm/Company								
	3382 Ridgew	ood Path						
			Address					
	The Villages, Florida, 32163							
City/State and Zip Code								
	Lee@spsadvise	ors.com						
	<del></del>	E-mail address: (to be used	i for future annua	l report not	ification)			
For further	information concern	ing this matter, please call:						
L	ee Cheney		484 at (	678-87	73			
_	Name	of 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						
	s a check for the follo \$125.00 Filing Fee	wing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Co of Status & Certified Cop			

## 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. Structured Portfolio So (Name of Foreign	lutions, LLC Limited Liability Company, must include "Limi	ted Liabilit	y Company," "L.L.C" or "LL.C.")			
				77. 0		
	ame adopted for the purpose of transacting business in F	ionda. Inca		ouny Company, "L.L.C., or "LLC.)		
Pennsylvania     (Jurisdiction under the law of which foreign limited liability company is organized)		3.	3. 261530133 (FEI number, if applicable)			
4. No Business in FL as o	• •	o remietration				
	(Date first transacted business in Florida, if prior t (See sections 605 0904 & 605 0905, F.S. to deter	mine penalty	liability)	2		
5. 3382 Ridgwood Path		6.	3382 Ridgewood Path	2 70 70		
(Street Address of I The Villages, FL 3216			(Mailing Adda The Villages, FL, 32163			
			The Vinages, 1 L, 32103	<del>L</del> gran		
<del></del>	·					
7. Name and street address	s of Florida registered agent: (P.O. Bo	x NOT	acceptable)	E SPOU		
Name:	H. Lee Cheney, III		<u> </u>	ORPORPTIONS ORPORPTIONS 9 IM 8: 21		
Office Address:	3382 Ridgwood Path			21		
	The Villages		, Florida 32163			
	(City)		Zip code	0)		
, ,	s of my position as registered agent.  (Registered agent)	s signature	/==			
8. The name, title or capa <u>Title or Capacity:</u>	acity and address of the person(s) who h		authority to manage is/are:	Name and Address:		
President/sole owner	H. Lee Cheney, III					
	3382 Ridgewood Path					
	The Villages, FL 32163	_				
		_				
(Use attachments if necess	sary)					
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 days old, of which it is organized. (If the certifical libmitted)	, duly au ite is in a	henticated by the official ha foreign language, a translati	ving custody of records in the on of the certificate under oath		
10. This document is execusibmitted in a document to	uted in accordance with section 605.020 the Department of State constitutes a the	hird degr	ee felony as provided for in s	e that any false information s.817.155, F.S.		
	Huller	mb				
	Her Cless Signatur	e of in author	rized person	<del></del>		
	H. Lee Cheney, III	•				
	<del></del>	or printed na	ne of signee	<del></del>		

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

05/30/2017



TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Structured Portfolio Solutions, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC170530100532-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx