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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company RLP WEALTH ADVISORS, LLC

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PLEASE HONOR ORIGINAL DATE 12-05-17, NAME SHOULD BE AVAILABLE NOW (PLEASE SEE LAST PAGE OF FAX)

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

IN COMPLIANCE WITH SECTION 605.0502, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: RLP Wealth Advisors, 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 afternate name must include "Limited Liability Company," "I. L.C. For "LEC.") State of Delaware
(Jurisd ction under the law of which torong finance liability company is enganized) (FEI mimber, if applicable) (Date first lungified hostness in Florida, if prior to registration.) (See sections 695,0904 & 605,0905, F.S. to determine penalty habitity) 6. See number 5 herewith. 123 Prospect Street (Mailing Address) (Street Address of Principal Office) Ridgewood, NJ 07450 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) **CTCorporationSystem** Name: 1200 SouthPineIslandRoad Office Address: Plantation 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 comply with 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 registered agent. James M. Halpin **CTCorporationSystem** 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Jeremy Paul 123:Prospect:Street CEO Ridgewood, NJ 07450 ٠, (Use attachments if necessary) 9. Attached is accrtificate 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) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submittedinadocument to the Department of State constitutes athird degree felony asprovided for in \$.817.155, F.S. /s/ Jennifer M. Riley Signature of an authorized person

Jennifer M. Riley - Attorneys for RLP Wealth Advisors

Typed or printed name of signee

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RLP WEALTH ADVISORS, 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 THIRTIETH DAY OF NOVEMBER, A.D. 2017.

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

ž:

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Justiny W. Mulliocu, Socretary of State

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December 6, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: RLP WEALTH ADVISORS, LLC

REF: W17000096524

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.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is M12000004872.

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.

Jenna D Harris Regulatory Specialist II FAX Aud. #: H17000318841 Letter Number: 617A00024570