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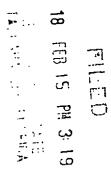
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Certified Copies	Certificates of	of Status				
Special Instructions to	Filing Officer:					
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Office Use Only



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J. LEGGETT FEB 1 6 2018



December 21, 2017

WILLIAM KARGER 1901 S CONGRESS AVE, SUITE 210 BOYNTON BEACH, FL 33426 US

SUBJECT: ANTHEM WEALTH MANAGEMENT GROUP LLC

Ref. Number: W17000100503

We have received your document for ANTHEM WEALTH MANAGEMENT GROUP LLC and your check(s) totaling \$125.00. 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.

Please return the corrected original and one copy of 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.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 617A00025843

RECEIVED

FEB 1 2 2318

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJE	ect: ANT	HEM	Name of L	ACTH MA imited Liability C	NA BE-1 Company	MENT	Geap	110
The end Existen	closed "Application by Fore ice, and check are submitted	ign Limited Liat to register the a	bility Compa bove referer	any for Authoriza aced foreign limit	tion to Trar ed liability	nsact Business company to tr	in Florida," Ce ansact business	rtificate of in Florida.
Please	return all correspondence co	oncerning this ma	atter to the f	following:				
	HiW.	10m	K Gu Nai	me of Person				
	<u> </u>	them	Fir	m/Company				
	1901	S.Co		2SS AU Address	٤,	512	210	
	Boy	An	Second City/Sta	h F Cate and Zip Code	33	426		
	bill K	E-mail address:	(to be used	for future annual	report noti	fication)		
For fur	ther information concerning	; this matter, plea	ase call:					
_	Name of	Counct Person		at (<u>954</u> Area Code) 279 Dayt	5 530 ime Telephon	S Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314				Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporation on Section ailding cutive Center (ee, FL 32301		
Enclos	ed is a check for the following \$125.00 Filing Fee	ng amount: □ \$130.00 Filir Certificate of S		□ \$155.00 Filir Certified Copy	ng Fee &		Filing Fee, Certi Certified Copy	ficate

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

IN COMPLIANCE WITH SECTION 60 COMPANY TO TRANSACT BUSINESS		OLLOWING IS SUBMITTED TO REGISTE	ER A FOREIGN LIMITED LIABILITY
I(Name of Foreign Limited	Liability Company; must include "Limited	Liphitty Company, "L.L.C., "or "L.L.C.")	LLC
(If name unavailable, enter alternate name adopt	ed for the purpose of transacting business in Flor	da The alternate name must include "Limited Liab	ility Company," "L.L.C," or "LLC.")
2. (Jurisdiction under the law of which threig		3. <u>82-35132</u>	
4. Da (Da (Sec	te first transacted business in Florida, if prior to re esections 605,0904 & 605,0905, F.S. to determin	egistration) te penalty hability)	
5. (Street Address of Principal O	os Ave	6. 1901 S. (Alahing Address S. 1 - 200)	ess) JOSS Aug
	200 <u>0</u>	Boynton B	-ach, FL 33426
7. Name and street address of Flo	orida registered agent: (P.O. Box	NOT acceptable)	
Name:	2111 Marzer		
Office Address:	07 S. Congress	Luc	
3	Motor Beach	, Florida <u>3342</u>	<u>Lo_</u>
Registered agent's acceptance:	(City)	(Дір сож	·1
designated in this application, I	hereby accept the appointment as all statutes relative to the proper	rocess for the above stated limited stregistered agent and agree to act and complete performance of my definition.	in this capacity. I further agree
o The service state of the service of	dedday of the management of	albura authoritu ta managa ia/ara:	
Title or Capacity:	nd address of the person(s) who ha Name and Address:	Title or Capacity:	Name and Address:
Meniner	Bill Karger		
	1901 3 congross No	L 3426	<u></u>
	SALION SESON ICI	2120	1. (11)
Manager	Juson Rin		
	1901 > Congress No	77/ln.	<u> </u>
(Use attachments if necessary)	to beach, the	33426	3 0
•	utano a no more thou 00 days old	duly authenticated by the official ha	ving custedy of proords in the
	ch it is organized. (If the certificate	e is in a foreign language, a translat	
		(1) (b), Florida Statutes. I am awar ird degree felony as provided for in	
	met -		<u>-</u>
	Signature	of an authorized person	
	William +	Sarger	
	i yped or	prince maine of rightee	

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Anthem Wealth Management Group LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 26, 2017** with a delayed effective date of December 1, 2017, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000777790**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 5th day of February, 2018 at 11:08 AM. This certificate is assigned 025428430.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.