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M. MILLIGAN NAR 1 2 2018

DREW J. BREAKSPEAR Commissioner



INTEROFFICE COMMUNICATION

DATE:

March 7, 2017

TO:

Ms. Diane Cushing, Department of State

Division of Corporations

FROM:

Jason Guevara, Licensing and Chartering

SUBJECT:

Trog Hawley Fiduciary LLC

Please file the attached articles for the above-reference entity.

Please make the following distribution of copies:

Also attached is a check that represents payment of the filing fees. If you have any questions please call (850) 410-9513.

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Trog H	awley Fiduciary LI	LC		
	Name of I	Limited Liability C	ompany		
The enclosed "Application by Fore Existence, and check are submitted					
Please return all correspondence c	oncerning this matter to the	following:			
	Ec	dward P. Kelly			
	Ni	ame of Person		*****	
	Trog Haw	ley Fiduciary LLC			
	Fi	irm/Company		·	
	501 Villag	e Boulevard, Suite	2		
		Address			
	West Paln	n Beach, FL 33409)		
	City/S	tate and Zip Code			
		roghawley.com			
	E-mail address: (to be used	d for future annual	report no	tification)	
For further information concerning	g this matter, please call:				
Miles C. Padgett		202 at (457-72 .)		
	f Contact Person	Area Code	Day	time Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	F ADDRESS: of Corporations ion Section Building centive Center Circle see, FL 32301	
Enclosed is a check for the follow ☐ \$125.00 Filing Fee	ing amount: \$\Begin{align*} \Begin{align*}	□ \$155.00 Filing Certified Copy	g Fee &	□ \$160.00 Filing Fee, Ce 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 BY ISINESS IN THE STATE OF FLORIDA:

I	(Name of Foreign Limit	Trog Hawley Fiduciary ted Liability Company; must include "Limited	LLC Liability Cor	npany," "L.L.C.," or "L	I.C.")	
	(, , , , , , , , , , , , , , , , , , , ,	•	,	,	
(If nan	ic unavailable, enter alternate name ac	dopted for the purpose of transacting business in Flor	ida. The alternat	e name must include "Limit	-	•
2	Nevada		3		81-14378	
(Jurisdiction under the law of which fo	oreign limited liability company is organized)		(FE	I number, if ap	pplicable)
4		0) . 6				-
		(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determine	egistration.) ie penalty liabili	ly)		
5	501 Village Bouleva		6	501 Village Bo		Suite 2 🐧
	(Street Address of Princip			,	g Address)	AASE, 温
_	West Palm Beach,	F10F1da 33409		West Palm Be	acii, FL 3	340 C 3
_						五
_						38.58 8
7. N	lame and <u>street address</u> of	Florida registered agent: (P.O. Box	NOT acce	ptable)		四二 至
	Name:	Trog Hawley Capital, LLC				9: 35 FLOADE
	Office Address:	501 Village Boulevard, Suite 2				76 35 76 35
		West Palm Beach		, Florida3	3409	,
	_	(City)		(2	ip code)	_
		of all statutes relative to the proper my position as registered agent.	and compl	ete performance oj	my dutie:	s, and I am familiar with
and	accept the obligations of	and address of the person(s) who ha	and complete The second second complete The second	ete performance of ROG HAWLEY Y EDWHID ority to manage is/	my dutie: CAP 1TA f. KELL are:	s, and I am fumiliar with LUC G G G G G G G G G G G G G
and	accept the obligations of The name, title or capacity Title or Capacity:	and address of the person(s) who ha	and complete Title	ete performance of ROG HAWLEY Y EDWHAD ority to manage is/a or Capacity:	my dutie: CAP TP P. KELL are: Na	s, and I am familiar with L, LLC y, CFO time and Address:
and	accept the obligations of	and address of the person(s) who ha Name and Address: Adam C. Ryan	and complete Title	ete performance of ROG HAWLEY Y EDWHID ority to manage is/	rmy dutie: CAP itp P. Kell Are: Na	s, and I am familiar with L. L.C. y, CFO Ime and Address: Doinas F. Ryan
and	accept the obligations of The name, title or capacity Title or Capacity:	and address of the person(s) who ha	and complete Title	ete performance of ROG HAWLEY Y EDWHAD ority to manage is/a or Capacity:	my duties CAP ITP P. KELL Are: N2	y, CFO
and	Title or Capacity: Managing Director	and address of the person(s) who ha Name and Address: Adam C. Ryan 100 W. Liberty St., 10th FL. Reno, NV 89501	and complete And c	ete performance of Rot Adw Ley South	my duties CAP ITM P. Kell Are: No.	ame and Address: noinas F. Ryan No. W. Liberty St., 10th Fleno, NV 89501
and	accept the obligations of The name, title or capacity Title or Capacity:	and address of the person(s) who ha Name and Address: Adam C. Ryan 100 W. Liberty St., 10th FL. Reno, NV 89501 Diana L. Ryn 100 W. Liberty St., 10th FL.	and complete And c	ete performance of ROG HAWLEY Y EDWHAD ority to manage is/a or Capacity:	my duties CAP ITM P. Kevu Are: TI TI TI	ame and Address: homas F. Ryan homas Ryan homas Ryan homas Ryan homas Ryan homas Ryan homas Ryan
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Typed or printed name of signee

TROG HAWLEY FIDUCIARY, LLC ATTACHMENT TO APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

8. (Continued) The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Managing Director

Tracey Briones

100 W. Liberty St., 10th FL

Reno, NV 89501

President

Adam C. Ryan

Chief Executive Officer

100 W. Liberty St., 10th FL

Reno, NV 89501

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, TROG HAWLEY FIDUCIARY LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 10, 2016, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 21, 2017.

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20171221-0446
You may verify this electronic certificate
online at http://www.nvsos.gov/

Approved by the Office of Financial Regulation this 5.20_18.

Tallahassec, Florida

Director

Division of Financial Institutions