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## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	Conscious Capital Wealth Management, LLC
SUBJE	Name of Limited Liability Company
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please r	turn all correspondence concerning this matter to the following:
	Kendra M. Norman, Esq.
	Name of Person
	Phillips Murrah P.C.
	Firm/Company
	101 N. Robinson, 13th Floor
	Address
	Oklahoma City, OK 73102
	City/State and Zip Code
	kmnorman@phillipsmurrah.com
	E-mail address: (to be used for future annual report notification)
For furt	er information concerning this matter, please call:
	Kendra M. Norman, Esq. 405 235-4100
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Callahassee, FL 32314 Registration Section Callahassee, FL 32314 Registration Section Callahassee, FL 32301
Enclose	is a check for the following amount:  \$\frac{1}{2}\$\$ \$125.00 \text{ Filing Fee}  \$\sum \$\su

## 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:

Connecticut  (Jurisdiction under the law of w	unine expedited for the biribose of garageering priziness in	Florida The alternate name must include "Limited Liability Company," "L.L.C." or "
(Jurisdiction under the law of w		3
	which foreign limited liability company is organized)	(FEI number, if applicable)
<del></del>	(Date first prospected business in Florida if name	TO TONICHOOD
01 11100 400 000	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	
381 HUBBARD STR		6. 381 HUBBARD STREET SUITE 200 (Mailing Address)
GLASTONBURY, CT, 06033		GLASTONBURY, CT, 06033
	<del></del> _	
lame and street addre	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)
Name:	COGENCY GLOBAL INC.	
Office Address:	115 North Calhoun Street, Suite 4	
	Taliahassee	, Florida 32301
	(City)	(Zip code)
	s of my position as registered agent.	
	s of my position as registered agent.  Sakesha Jalimu - (Registered agent)	Amitat leveling
accept the obligation	Lakesta Jalima -	has/have authority to manage is/are:
accept the obligation.  The name, title or capa  Title or Capacity:	Lakesta Jalinu - (Regissered agent	<u>≥</u> §
The name, title or caps	acity and address of the person(s) who  Name and Address:  Lawrence Ford	has/have authority to manage is/are:  Title or Capacity:  Name and Addres
accept the obligation.  The name, title or capa  Title or Capacity:	Registered agent (Registered agent acity and address of the person(s) who Name and Address:	has/have authority to manage is/are:  Title or Capacity:  Name and Addres
accept the obligation  The name, title or capa  Title or Capacity:	Registered agent acity and address of the person(s) who Name and Address:  Lawrence Ford  381 Hubbard Street, Ste 300	has/have authority to manage is/are:  Title or Capacity:  Name and Addres
accept the obligation  The name, title or capa  Title or Capacity:	Registered agent acity and address of the person(s) who Name and Address:  Lawrence Ford  381 Hubbard Street, Ste 300	has/have authority to manage is/are:  Title or Capacity:  Name and Addres
accept the obligation The name, title or capa Title or Capacity: CEO, Member	Registered agent (Registered agent acity and address of the person(s) who Name and Address:  Lawrence Ford 381 Hubbard Street, Ste 300 Glastonbury, CT 06033	has/have authority to manage is/are:  Title or Capacity:  Name and Addres
accept the obligation.  The name, title or capa  Title or Capacity:	Registered agent acity and address of the person(s) who Name and Address:  Lawrence Ford  381 Hubbard Street, Ste 300	has/have authority to manage is/are:  Title or Capacity:  Name and Addres
The name, title or capa Title or Capacity: CEO, Member	Registered agent acity and address of the person(s) who Name and Address:  Lawrence Ford  381 Hubbard Street, Ste 300 Glastonbury, CT 06033	has/have authority to manage is/are:  Title or Capacity:  Name and Addres  Name and Addres
The name, title or caparate or Capacity: CEO, Member  e attachments if neces ttached is a certificate diction under the law	Registered agent acity and address of the person(s) who Name and Address:  Lawrence Ford  381 Hubbard Street, Ste 300 Glastonbury, CT 06033  ssary)  of existence, no more than 90 days old of which it is organized. (If the certific	has/have authority to manage is/are:  Title or Capacity:  Name and Addres
The name, title or capa Title or Capacity: CEO, Member  Te attachments if neces attached is a certificate adiction under the law the translator must be so	Registered agent acity and address of the person(s) who Name and Address:  Lawrence Ford  381 Hubbard Street, Ste 300 Glastonbury, CT 06033  ssary)  of existence, no more than 90 days old of which it is organized. (If the certific ubmitted)  suted in accordance with section 605.02	has/have authority to manage is/are:  Title or Capacity:  Name and Addres  Name and Addres

Typed or printed name of signee

Office of the Secretary of the State of Connecticut

1, the Connecticut Secretary of the State, and keeper of the seal thereof,

DO HEREBY CERTIFY, that articles of organization for

CONSCIOUS CAPITAL WEALTH MANAGEMENT, LLC

a domestic limited liability company, were filed in this office on July 10, 2013.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State

in Menk

Date Issued: March 21, 2018

Business ID: 1112368 Standard Certificate Number: 2018163563001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov