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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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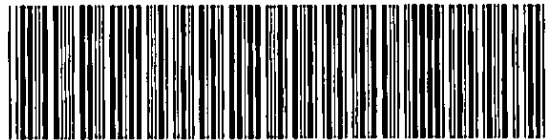
(Business Entity Name)

(Document Number)

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J. J. EGGETT
JUN 01 2018

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JUN 01 2018

COVER LETTER

TO: Registration Section
 Division of Corporations

SUBJECT: WMG Financial Advisors

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Elizabeth DeWan

Name of Person

WMG Financial Advisors

Firm/Company

620 Mabry Hood Road, Suite 101

Address

Knoxville, TN 37932

City/State and Zip Code

edewan@wmgfa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth DeWan

865

288-5001

at ()

Name of Contact Person

Area Code

Daytime 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

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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. WMG Financial 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 alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. State of Tennessee 3. NA
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. NA - no prior business
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 620 Mabry Hood Road 6. Same as Street Address
(Street Address of Principal Office) (Mailing Address)
Suite 101
Knoxville, TN 37932

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: D. William Bergner

Office Address: 286 Splash Drive
Int Beach, Florida 32461
(City) (Zip code)

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.

(Registered agent's signature)

8. 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:	Title or Capacity:	Name and Address:
VP Admin	Elizabeth DeWan 620 Mabry Hood Road, 101 Knoxville, TN 37934		

(Use attachments if necessary)

9. Attached is a certificate 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 submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

(Signature of an authorized person)

Elizabeth DeWan

Typed or printed name of signee



Tre Hargett
Secretary of State

**Division of Business Services
Department of State**

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

ELIZABETH DEWAN
SUITE 101
620 MABRY HOOD ROAD
KNOXVILLE, TN 37934

May 16, 2018

Request Type: Certificate of Existence/Authorization
Request #: 0277238

Issuance Date: 05/16/2018
Copies Requested: 1

Document Receipt

Receipt #: 004089478
Payment-Credit Card - State Payment Center - CC #: 3730604945

Filing Fee: \$20.00
\$20.00

Regarding: WMG Financial Advisors, LLC
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 12/17/2004
Status: Active
Duration Term: Perpetual
Business County: KNOX COUNTY

Control #: 483329
Date Formed: 12/17/2004
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

WMG Financial Advisors, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

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