

M18000006035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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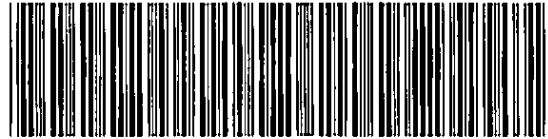
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 JUN 27 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FL 32310

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JUN 28 2018

GASTESI & ASSOCIATES

P.A.

8105 N.W. 155 Street, Miami Lakes, Florida 33016

Telephone: 305-818-9993
Facsimile: 305-818-9997

Email: rgastesi@gastesi.com
Website: www.gastesi.com

June 20, 2018

Furnished via U.S. Certified Mail
7017 2620 0000 7927 0725

Florida Department of State
Division of Corporations
Attn: Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

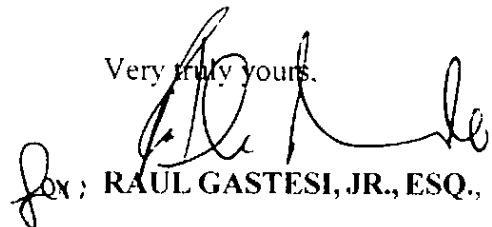
RE: Firsttrust Financial Resources, LLC
Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida

Dear Sirs:

Enclosed herein please find the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida. In addition, enclosed please find Gastesi & Associates, P.A. check number 4329, made payable to "Florida Department of State", in the amount of \$160.00. Said amount represents \$100.00 for the Filing Fee, \$25.00 for the Designation of Registered Agent, \$30.00 for a Certified Copy and \$5.00 for a Certificate of Status.

Should you have further questions or concerns regarding the Application, please do not hesitate to contact the undersigned. I remain,

Very truly yours,


for: RAUL GASTESI, JR., ESQ.,

RG/ra
enclosure.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Firsttrust Financial Resources, LLC

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:

Raul Gastesi, Esq.

Name of Person

Gastesi & Associates, P.A.

Firm/Company

8105 N.W. 155 ST.

Address

Miami Lakes, FL 33016

City/State and Zip Code

rgastesi@gastesi.com

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

For further information concerning this matter, please call:

Raul Gastesi, Esq.

305

818-9993

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. Firsttrust Financial Resources, 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. Pennsylvania 3. 20-0923871
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. n/a
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1818 Market Street, 23rd Floor 6. 1818 Market Street, 23rd Floor
(Street Address of Principal Office) (Mailing Address)
Philadelphia, PA 19103 Philadelphia, PA 19103

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

Name: Raul Gastesi, Esq.
Office Address: 8105 NW 155 ST
Miami Lakes, Florida 33016
(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:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>President and CEO</u>	<u>David Fleisher</u> <u>1818 Market Street, 23 Floor</u> <u>Philadelphia, PA 19103</u>	<u>VP Operations/Finar</u>	<u>Russell Colosi</u> <u>1818 Market Street, 23 Floor</u> <u>Philadelphia, PA 19103</u>
<u>Executive VP-Partner</u>	<u>Andrew Melhenny</u> <u>15 E. Ridge Pike, Suite 103</u> <u>Conshohocken, PA 19428</u>	<u>Executive VP-Partner</u>	<u>Paul Markowich</u> <u>1818 Market Street, 23 Floor</u> <u>Philadelphia, PA 19103</u>

(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)

Typed or printed name of signer

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

03/14/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Firsttrust Financial Resources, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Robert Lanes

Acting Secretary of the Commonwealth

Certification Number: TSC180314110691-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>