

M18000007184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

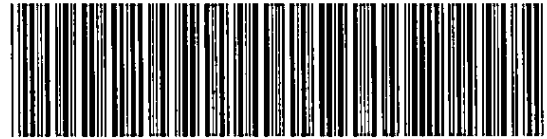
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

R4 info W18-67935

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y SIMMONS

AUG 06 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 25, 2018

NOLAND LANGFORD  
215 SHUMAN BLVD, #304  
NAPERVILLE, IL 60563

SUBJECT: LEFT BRAIN WEALTH MANAGEMENT LLC  
Ref. Number: W18000067939

We have received your document for LEFT BRAIN WEALTH MANAGEMENT LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 918A00015338

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RECEIVED

2018 AUG -3 AM 10:04

2018 AUG -3 AM 10:04

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Left Brain Wealth Management 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:

Noland Langford  
Name of Person

Left Brain Wealth Management LLC  
Firm/Company

215 Shuman Blvd #304  
Address

Naperville IL 60563  
City/State and Zip Code

NolandL@LeftBrainWm.Com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Noland Langford at ( 630 ) 517 9300  
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. Left Brain Wealth Management 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. IL  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-4198153  
(FEI number, if applicable)

4. Not Yet  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1111 Brickell Ave #1100  
(Street Address of Principal Office)  
Miami FL 33131

6. 215 Shuman Blvd #304  
(Mailing Address)  
Naperville IL 60563

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Noland Langford  
Name: 1111 Brickell Ave #1100 Left Brain Wealth Management  
Office Address: 1111 Brickell Ave #1100  
Miami FL 33131 . Florida 33131  
(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:
<u>President/CEO</u>	<u>Noland Langford</u>		
	<u>1111 Brickell Ave #1100</u>		
	<u>Miami FL 33131</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)

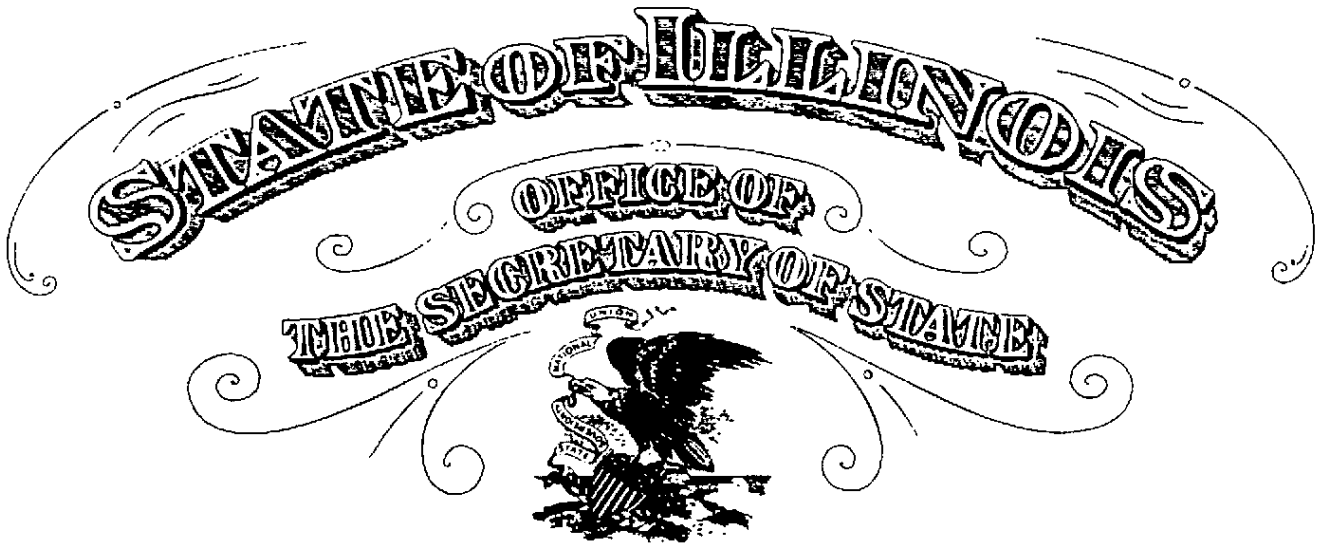
10. This document is executed in accordance with section 605.0203 (1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

(Signature of an authorized person)

Noland Langford  
(Typed or printed name of signer)

File Number

0459256-5



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

LEFT BRAIN WEALTH MANAGEMENT, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 11, 2013, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set***  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 17TH*  
*day of JULY A.D. 2018 .*

*Jesse White*

SECRETARY OF STATE