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Special Instructions to	Filing Officer:	
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N CULLIGAN

# COVER LETTER .

TO: **Registration Section** · Division of Corporations

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Beacon Wealth Management LLC

SUBJECT: \_

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Name of Limited Liability Company

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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:

	Mark S. Germ	ain Managing Member			
	<b></b>	N	ame of Person		
	Beacon Wealt	in Management ,			
		F	irm/Company		
	4440 PGA Blv	vd. Suite 600			
			Address		
	Palm Beach C	Gardens , Florida 33410			
		City/S	tate and Zip Code		
	mark@bwmllc.o	com			
		E-mail address: (to be use	d for future annual	report not	ification)
For further infor	mation concernin	g this matter, please call:			
Mark S	8. Germain		201 at (	447-95	00
	Name e	of Contact Person	Area Code	Day	time Telephone Number
Divisio Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314			Division Registrat Clifton B 2661 Exc	<b>ADDRESS:</b> of Corporations ion Section uilding ceutive Center Circle ee, FL 32301
	eck for the follow				• .
□ \$125	.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	S160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 12, 2018

MARK S. GERMAIN 4440 PGA BLVD. SUITE 600 PALM BEACH GARDENS, FL 33410

SUBJECT: BEACON WEALTH MANAGEMENT LLC Ref. Number: W18000081816

We have received your document for BEACON WEALTH MANAGEMENT LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 618A00019003

www.sunbiz.org

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### 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:

### Beacon Wealth Management LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC.")

If name unavailable, enter alternate n	ame adopted for the purpose of transacting pusiness in Flo	rida The alternate n	ame must include "Limited Liability)	Company," "L.L.C," of	"LLC.")
n New Jersey		3 04-3	703482		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, if	applicable)	
4 August 2018					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration ) ine penalty liability)			
5 505 Main Street		6.			
(Street Address of )	Principal Office)		(Mailing Address)		
Suite 214					<u></u> د
Hackensack, NJ 076	01			AL	2
<b>.</b>				CREI	
(. Name and street addre:	ss of Florida registered agent: (P.O. Box	. <u>NOT</u> accepta	able)	SP -	<u> </u>
Name:	Mark S. Germain		_	SEE C	л I _ Г
Office Address:	4440 PGA Boulevard Suite 600		_		₹ (
	Palm Beach Gardens		Florida <u>33410</u>		F.
	(Cia)		(Zip code)	— <u>-</u> · ·	

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.



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:	<u>Title or Capacity:</u>	Name and Address:
CEO	Mark Germain		
	724 Pinehurst W <b>4 ∳</b> Palm Beach Gard <b>en 5</b>	 F]_	
t.	• . 🔶	3340	
	MAIL ADDROSS	- 4440 FGA BOU	levan
		- Suite 600 Dalm Brach	

(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 MARK S. Germain FO

lyped or printed name of signee

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

## BEACON WEALTH MANAGEMENT, LLC 0600145172

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on July 10, 2002.* 

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

MARK S. GERMAIN 505 MAIN STREET SUITE 214 HACKENSACK, NJ 07601



IN TESTIMONY WHEREOF, 1 have hereunto set my hand and affixed my Official Seal at Trenton, this 3rd day of October, 2018

Shap on Mun

Elizabeth Maher Muoio State Treasurer

Certificate Number : 6091704965

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp