

M18000009977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

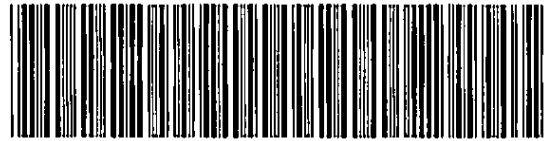
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W18-90037

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SECRETARY OF STATE  
TALLAHASSEE, FL

11/06/18--01008--008 \*\*155.00

NOV - 6

S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 17, 2018

MARIANO ARIEL SARDANS  
16192 COASTAL HIGHWAY  
LEWES, DE 19958

SUBJECT: FDI WEALTH MANAGEMENT LLC  
Ref. Number: W18000090037

We have received your document for FDI WEALTH MANAGEMENT LLC and check(s) totaling \$155.00. However, your check(s) and document are being returned for the following:

Office policy prevents this office from processing the enclosed check(s). All checks processed by this office must be payable in U.S. dollars and drawn on a bank located in the United States.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather  
Regulatory Specialist III

Letter Number: 918A00021175

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FDI 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:

MARIANO ARIEL SARDANS

\_\_\_\_\_  
Name of Person

FDI WEALTH MANAGEMENT LLC

\_\_\_\_\_  
Firm/Company

16192 COASTAL HIGHWAY

\_\_\_\_\_  
Address

LEWES (19958), DELAWARE

\_\_\_\_\_  
City/State and Zip Code

MSARDANS@FDINTERNATIONAL.COM

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

For further information concerning this matter, please call:

MARIANO ARIEL SARDANS

at ( 305 ) 721-2802

\_\_\_\_\_  
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

RECEIVED  
OCT 15 AM 10:12

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. FDI WEALTH MANAGEMENT LLC

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

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_

(FEI number, if applicable)

4. \_\_\_\_\_

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

5. 16192 COASTAL HIGHWAY

(Street Address of Principal Office)

LEWES (19958)

DELAWARE

6. 777 BRICKELL AVENUE, SUITE 500

(Mailing Address)

MIAMI (33131)

FLORIDA

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

Name: SERBER & ASSOCIATES, P.A.

Office Address: 2875 NE 191ST STREET, SUITE 801

AVENTURA

(City)

Florida 33180

(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:

MANAGER

MARIANO ARIEL

SARDANS

(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 authorized person

MARIANO ARIEL SARDANS

Typed or printed name of signer

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SECRETARY OF STATE  
TALLAHASSEE, FL

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FDI WEALTH MANAGEMENT LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FDI WEALTH MANAGEMENT LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



6494347 8300

SR# 20186933305

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203530526

Date: 10-02-18