

M19000000 395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

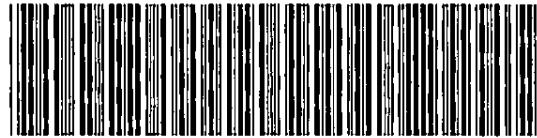
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600322457426

01/04/19--01012--027 **125.00

APPROVED
AND
FILED

2019 JAN -4 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature/initials

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Private Wealth Group LLC / PWG Insurance Agency 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:

Daniel Gikher
Name of Person

Private Wealth Group LLC / PWG Insurance Agency LLC
Firm/Company

601 Heritage Dr #137
Address

Jupiter, FL 33458
City/State and Zip Code

DGIKHER@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Gikher at (917) 287-7010
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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$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. Private Wealth Group LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

PWG Insurance Agency 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. NY
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-1034417
(FEI number, if applicable)

4. 11/1/18
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 601 Heritage Dr #137
(Street Address of Principal Office)

6. 601 Heritage Dr #137
(Mailing Address)

Jupiter FL 33458

Jupiter, FL 33458

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

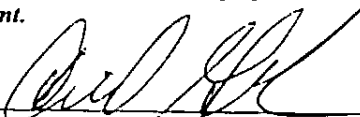
Name: Daniel Gikher

Office Address: 111 Vizcaya Estates Dr
Palm Beach Gardens, Florida 33418
(City) (Zip code)

APPROVED
AND
FILED
2019 JAN -4 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:

Name and Address:

☒ Manager

Name: Daniel Gikher

☐ Member

Address: 111 Vizcaya Estates Dr

☐ Authorized

Palm Beach Gardens FL 33418

Person

☐ Other

☐ Other

☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other

☐ Other

Title or Capacity:

Name and Address:

☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other

☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

Daniel Gikher

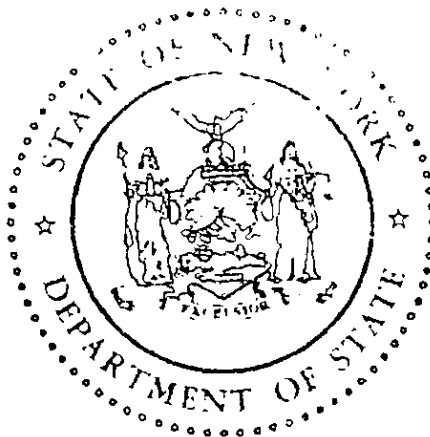
Typed or printed name of signee

APPROVED
AND
FILED
2019 JAN -4 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that PRIVATE WEALTH GROUP LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/08/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 26th day of December two
thousand and eighteen.*

A handwritten signature in black ink, appearing to read "Whitney Clark".

Whitney Clark
Deputy Secretary of State