M19000003014

(Requestor's Name)				
(Address)				
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	Mait Wait	MAIL		
(Business Entity Name)				
(Do	ocument Number)		
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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FILED
2019 MAR 15 PM 12: 26
SEGRETARY OF STATE

3/28/45

COVER LETTER

SUBJECT:	Girard Advisory S	ervices, LLC						
30000001.		Name of	Limited Liability	Company				
The enclosed Existence, and	"Application by Fo	oreign Limited Liability Com ed to register the above refer	pany for Authoriza enced foreign limi	ation to Tr ted liabilit	ransact Business in F sy company to transa	lorida," (ct busine	Certifical ss in Flo	te of rida.
Please return	all correspondence	concerning this matter to the	following:					
	Thomas E. He	ellings						
		N	ame of Person					
	Girard Adviso	ory Services, LLC				TAIS	20	
		F	irm/Company			ECR.	13 H	•
	41 W. Broad S	Street				HAS	2019 MAR 15	•
			Address			- SEC		17
	Souderton, PA	18964				F STAT	PM 12: 26	C
		City/S	state and Zip Code	111111111111		- <u>S</u> E	: 26	
	hellingst@unive							
		E-mail address: (to be use	d for future annua	l report no	tification)			
For further in	formation concerni	ng this matter, please call:						
Tho	mas E. Hellings		215 at (721-83	379			
	Name	of Contact Person	Area Code	Day	ytime Telephone Nu	mber		
Divi Regi P.O.	ILING ADDRESS sion of Corporation stration Section Box 6327 ahassee, FL 32314			Division Registrat Clifton F 2661 Exc	T ADDRESS: of Corporations tion Section Building coutive Center Circle see, Fl. 32301	e		
	check for the follow 125.00 Filing Fee	wing amount: S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filid Certified Copy	-	□ \$160.00 Filing of Status & Certil			

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:

2. Pennsylvania (Junscheim under the law of v	name adopted for the purpose of transacting business			
(Junischetion under the law of v			sited Liability Company."	"LLC," or "LLC.")
	which foreign limited imbility company is organized)	3. <u>23-2802379</u>		
			El number, il applicable)	
4. 03/13/2014 under the	converting entity Girard Partnres, LT	rd. corp		TA'S
	(Date first transacted business in Florida, if pr (See sections 605,0904 & 605,0905, F.S. to d	nor to registration.) Executive penalty liability)	···	
5. 555 Croton Road (Street Address of		6. 555 Croton Road		SECRETAL AHA
Suite 210	mage Otice)	·	ng Address)	表 5
7' CD 1 D11011		Suite 210		<u> </u>
King 01 1103518, FA 19400		King of Prussia, PA 1	9406	111
7.31				
/. Name and street address	ss of Florida registered agent: (P.O. I	Box NOT acceptable)		15.45 15.45
Name:	Michael McCort			
Office Address:	5237 Summerlin Commons Boulev	and a		
Office Address;	TO THE COMMONS BOUILY			-
	Fort Myers	, Florida 33907	•	
Registered agent's accep-	(Ciry)	(2	Lip code)	
Having been named as req designated in this applicat to comply with the provision and accept the obligations	gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the prop of my position as registered adont.	If the territioned consul and community		
Having been named as req designated in this applicat to comply with the provision and accept the obligations	gistered agent and to accept service ion, I hereby accept the appointment ons of all statutes relative to the project of my pasifion as registered as and.	nt as registered agent and agree to		
Having been named as re designated in this applicat to comply with the provision and accept the obligations	gistered agent and to accept service ion, I hereby accept the appointment ons of all statutes relative to the project of my position as registered adent. By: (Bagnered agent	nt as registered agent and agree to per and complete performance of	act in this capaci my duties, and I t	
Having been named as rej designated in this applicat to comply with the provision and accept the obligations E. 8. The name, title or capacity.	gistered agent and to accept service vion, I hereby accept the appointment ons of all statutes relative to the proposition as registered agent. By: (Represed section and address of the person(s) who	nt as registered agent and agree to per and camplete performance of	o act in this capaci my duties, and I d	ity. I further ag am familiar with
Having been named as rej designated in this applicat to comply with the provision and accept the obligations 8. The name, title or capate Title or Capacity:	gistered agent and to accept service ion, I hereby accept the appointment ons of all statutes relative to the property of my pusition as registered as and. (Respond agent and address of the person(s) who	o has/have authority to manage is/a	act in this capaci my duties, and I t	ity. I further ag am familiar with
Having been named as rej designated in this applicat to comply with the provision and accept the obligations E. 8. The name, title or capacity.	gistered agent and to accept service ion, I hereby accept the appointment ons of all statutes relative to the property of my pasition as registered as ant. By: (Befficied agent and Address: Lisa M. Colon	at as registered agent and agree to per and camplete performance of a segured by has/have authority to manage is/a Title or Capacity: Manager	re: Name and Roger S. D	ity. I further ag am familiar with Address: cacon
Having been named as rej designated in this applicat to comply with the provision and accept the obligations 8. The name, title or capate Title or Capacity:	gistered agent and to accept service ion, I hereby accept the appointment ons of all statutes relative to the property of my pusition as registered as and. (Respond agent and address of the person(s) who	at as registered agent and agree to per and camplete performance of a segured by has/have authority to manage is/a Title or Capacity: Manager	re: Name and Roger S. D 14 N, Main	Address: eacon
Having been named as rej designated in this applicat to comply with the provision and accept the obligations 8. The name, title or capate Title or Capacity:	gistered agent and to accept service from, I hereby accept the appointment ons of all statutes relative to the property of my pasition as resistance against. By: (Beginned agent and Address: Lisa M. Colon 255 Croton Road, Suite 216	at as registered agent and agree to per and camplete performance of a segured by has/have authority to manage is/a Title or Capacity: Manager	re: Name and Roger S. D	Address: eacon
Having been named as rej designated in this applicat to comply with the provision and accept the obligations 8. The name, title or capate Title or Capacity:	gistered agent and to accept service vion, I hereby accept the appointment on so fall statutes relative to the property of my position as registered against the property of my position and address: Lisa M. Colon 555 Croton Road, Suite 216 King of Prussia, PA 19406 Kevin B. Notris	at as registered agent and agree to per and complete performance of a significant of the	re: Name and Roger S. D 14 N, Main	Address: cacon Street PA 18964
Having been named as rej designated in this applicat to comply with the provision and accept the obligations 8. The name, title or capa Title or Capacity: Manager	gistered agent and to accept service vion, I hereby accept the appointment ons of all statutes relative to the proposition as registered agent. By: (Repliced section and Address: Lisa M. Colon 555 Croton Road, Suite 216 King of Prussia, PA 19406	at as registered agent and agree to per and complete performance of a significant of the	re: Name and Roger S. D J4 N. Main Souderion,	Address: cacon Street PA 18964 Schweitzer Street

Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 03/05/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

Girard Advisory Services, 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

Acting Secretary of the Commonwealth

Certification Number: TSC190305110042-1

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

Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

3. I and 4. The Certifityou has acquis		fied by the IRS that you are currently sub te transactions, item 2 does not apply. Fo is to an individual retirement arrangemen	or mortgage interest paid, t (IRA), and generally, payments
3. I and 4. The Certifityou has acquis	EFATCA code(s) entered on this form (if any) indicating that I am exempt ication instructions. You must cross out item 2 above if you have been not ave failed to report all interest and dividends on your tax return. For real estails ition or abandonment of secured property, cancellation of debt, contribution	fied by the IRS that you are currently sub te transactions, item 2 does not apply. Fo is to an individual retirement arrangemen	or mortgage interest paid, t (IRA), and generally, payments
no l 3. I an	, , , ,	from FATCA reporting is correct.	
រា០	n a U.S. citizen or other U.S. person (defined below); and		
	- all Chairings of ather I.Charles a felicinal below to part		
2. Lan	n not subject to backup withholding because: (a) I am exempt from back vice (IRS) that I am subject to backup withholding as a result of a failure longer subject to backup withholding; and	up withholding, or (b) I have not been n	otified by the Internal Revenue
	e number shown on this form is my correct taxpayer identification number	الا المراجعة	รบะนาน เทยเ: สกัด
	r penalties of perjury, I certify that:	•	
Par	Certification		
Note:	ater. If the account is in more than one name, see the instructions for line 1. A per To Give the Requester for guidelines on whose number to enter.		
Enter backu reside	your TIN in the appropriate box. The TIN provided must match the name powithholding. For individuals, this is generally your social security numbers alien, sole proprietor, or disregarded entity, see the instructions for Pass, it is your employer identification number (EIN). If you do not have a number (EIN).		
Par	Taxpayer Identification Number (TIN)	1/1000	·
	7 List account number(s) here (optional)	, ,	
See	6 City, state, and ZIP code		
e Sp	5 Address (number, street, and apt. or suite no.) See instructions.		
ecii	Otner (see instructions) ▶		3 outside the U.S.)
Print or type.	Note: Check the appropriate box in the line above for the tax classification of LLC if the LLC is classified as a single-member LLC that is disregarded from another LLC that is not disregarded from the owner for U.S. federal tax purples disregarded from the owner should check the appropriate box for the tax	n the owner unless the owner of the LLC is poses. Otherwise, a single-member LLC that	Exemption from FATCA reporting code (if any)
typ	Limited liability company. Enter the tax classification (C=C corporation, S=S	corporation, P≃Partnership) ►	
s on page	Individual/sole proprietor or C Corporation S Corporation single-member LLC	instructions on page 3): Exempt payee code (if any)	
	Check appropriate box for federal tax classification of the person whose name following seven boxes	4 Exemptions (codes apply only to certain entities, not individuals; see	
	2 Dusiness name/distegations entity name, a different from above		
	2 Business name/disregarded entity name, if different from above		· • · •

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

· Form 1099-INT (interest earned or paid)

- funds)
- · Form 1099-MISC (various types of income, prizes, awards, or gross
- . Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- · Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- · Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,