## M19000004770





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## **COVER LETTER**

TO:	legistration Section Division of Corporations
SUBJE	Marcum Financial Services LLC
	Name of Limited Liability Company
The en Existen	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please	um all correspondence concerning this matter to the following:
	Ed Scicchitano, CPA
	Name of Person
	Marcum LLP
	Firm/Company
	10 Melville Park Road
	Address
	Melville, NY 11747
	City/State and Zip Code
	ed.scicchitano@marcumllp.com
	E-mail address: (to be used for future annual report notification)
For furt	information concerning this matter, please call:
	d Sciechitano 631 414-4032
	Name of Contact Person Area Code Daytime Telephone Number
	AILING ADDRESS:  ivision of Corporations  egistration Section  O. Box 6327  clifton Building  allahassee, FL 32314  EXECUTE: ADDRESS:  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301
Enclose	a check for the following amount:  \$125.00 Filing Fee  \$\overline{\subset}\$

## 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:

(Fame of Frieign	Limited Liability Company, must include "Limited	Liability C	ompany," "L.L.C.," or "LLC.")		
ame unavailable, enter alternale ii	name adopted for the purpose of transacting business in Flori	ida The alten	nate name must include "Limited Liab	ility Company," "L.L.C	," or "LLC."
New York		3 2	7-1068496		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J		er, if applicable)	
Upon Qualification					
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	egistration )	ulity)	<del></del>	
10 Melville Park Rd	,		) Melville Park Rd		
(Street Address of I	Principal Office)	0	(Mailing Addre	255)	
Melville, NY 11747		<u>M</u>	elville, NY 11747		
				_	ي ·
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acc	eptable)		n (A
Name:	C T Corporation System				on to like y
	1200 Sauch Diam Island Dand Diameter				- č 
	<ul> <li>1200 South Pine Island Road Plantation</li> </ul>				<u> </u>
Office Address:			<del></del>		
Office Address:	Plantation	•	——. , Florida <sup>33324</sup>		- - 0 - 2
gistered agent's accep ving been named as re	(City) stance: rgistered agent and to accept service of p	rocess for	. Florida 33324 (Zip code the above stated limited )	liability compan	皇 長 <b>対</b> 動the
gistered agent's accep ving been named as re signated in this applica comply with the provisi	(Ciy)	rocess for registere	the above stated limited a dagent and agree to act i	liability compan n this capacity.	्र पूर्वे the I furthe
gistered agent's accep ving been named as re signated in this applica comply with the provisi	ctance: registered agent and to accept service of parties, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent.	rocess for registere and comp	the above stated limited dagent and agree to act in the left performance of my discounty.	liability compan n this capacity. luties, and I am	्र पूर्वे the I furthe
gistered agent's accepying been named as resignated in this applica comply with the provisid accept the obligations	ctance: registered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper of my position as registered agent.  (Registered agent's si	rocess for registere and comp	the above stated limited ad agent and agree to act in the letter performance of my discount to the letter performance o	liability compan n this capacity. luties, and I am	्र पूर्वे the I furthe
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10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information

Signature of an authorized person

submitted in a document to the Department of State constitutes at third degree felony as provided for in s.817.155, F.S.

## State of New York Department of State } ss:

I hereby certify, that MARCUM FINANCIAL SERVICES LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 09/15/2009, and that the Limited Liability Company is existing so far as shown by the records of the Department.



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

Whitney Clark