# M1900005022

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP		
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	

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Z BROWN NAY 2 1 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

, . . . <sup>.</sup> .

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ACCOUNT NO.	: I2000000195
REFERENCE	: 772627 4804708
AUTHORIZATION	: Sprets de man
COST LIMIT	: \$ 155.00
	* ~ •

- ORDER DATE : May 17, 2019
- ORDER TIME : 8:10 AM
- ORDER NO. : 772627-005
- CUSTOMER NO: 4804708

# FOREIGN FILINGS

NAME: FFT WEALTH MANAGEMENT LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_\_ CERTIFIED COPY \_\_\_\_\_ PLAIN STAMPED COPY \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER:

### **COVER LETTER**

TO:	Registration Section Division of Corporat				
SUBJE	FFT Wealth Mar	agement LLC			
		Name	of Limited Liability	/ Company	y
		the to register the above rea	erenced foreign in	zation to T tited liabil	'ransact Business in Florida," Certificate of ity company to transact business in Florida
Please	return all correspondenc	e concerning this matter to the	he following:		
	Kathleen Ke	ating			
			Name of Person		
	FFT Wealth	Management LLC			
			Firm/Company		
	230 Royal Pa	lm Way			
			Address		
	Palm Beach,	FL 33480			
		City/	State and Zip Code		
	kkcating@wpc	omplianceconsulting.com			
		E-mail address: (to be use	ed for future annua	report no	tification)
For furth	er information concerni	ng this matter, please call:			
	Kathleen Keating		917 at (	538-79	235
	Name	of Contact Person	Area Code	_/	time Telephone Number
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	<u>-</u> S		Division Registrat Clifton B 2661 Exe	<b>CADDRESS:</b> of Corporations ion Section fuilding centive Center Circle see, FL 32301
inclosed I	is a check for the follow S125.00 Filing Fee	ring amount: S130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	g Fcc &	□ \$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:

#### FFT Wealth Management LLC

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

2 Delaware	3			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FE1 number, if applicable)		
4. Upon Filing				
••	(Date first transacted business in Florida, if prior t (See sections 605.0904 & 605.0905, F.S. to determine	o registration.) ne penalty liability)		
5. 230 Royal Palm Way			· •	
Palm Beach, FL 33480	0		ANN AND	T
	(Street Address of Principal Office)		AN AN	
6. 4230 Royal Palm Way	·		120 120	Γ
Palm Beach, FL 33480	0			
	(Mailing Address)		5	\$
7. Name and street addre	ess of Florida registered agent: (P.O. Box <u>NOT</u> accept	ptable)	AH (0: 30	
Name:	Corporation Service Company			
Office Address:	1201 Hays Street			
	Tallahassee	, Florida <u>32301</u>		
	(City)	(Zip code)		
Registered agent's acce	ntance:			

Having been named as registered agent and to accept service of process for the above stated corporation 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.

ervice Comnan Corporation S Lydia Cohen By: Asst, Vice President (Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Kathleen Keating, Authorized Person, 4230 Royal Palm Way

Palm Beach, FL 33480

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)

Kallier Kealing Signature offan authorized person

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.

Kathleen Keating, Authorized Person

Typed or printed name of signce



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FFT 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 SEVENTEENTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FFT WEALTH MANAGEMENT LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JUNE, A.D. 2009.

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



of State

Authentication: 202850280 Date: 05-17-19

Page 1

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SR# 20194097109 You may verify this certificate online at corp.delaware.gov/authver.shtml