# 7820000PM

| (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



600331873076

19 JUL 15 HM 10: 58

19 JUL 15 AM 10: 17

arr 1 6 sold

## FLORIDA FILING & SEARCH SERVICES, INC.

## P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

7/15/19

NAME:

THE WEALTH ALLIANCE, LLC

TYPE OF FILING: APPLICATION

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

### COVER LETTER

Registration Section Division of Corporations

TO:

| Th<br>SUBJECT:                | ne Wealth Alliance   | , LLC                                      |                   |   |  |
|-------------------------------|--|--|-------------------|---|--|
| SOBJECT                       |  | Name of Lin                                | nited Liability ( | Company   |  |
|                               |  |  |                   | ation to Transact Business in Florida," ted liability company to transact busine  |  |
| Please return all             | l correspondence co  | ncerning this matter to the fol            | lowing:           |   |  |
|                               | Dawn C. Hertze   | ıl   |                   |   |  |
|                               |  | Nam  | e of Person       |   |  |
|                               | Kupfer & Assoc   | iates, PLLC                                |                   |   |  |
|                               |  | Firm                                       | /Company          |   |  |
|                               | 800 Westcheste   | er Ave., Suite 641 N                       |                   |   |  |
|                               |  | A  | Address           | · · · · · · · · · · · · · · · · · · ·   |  |
|                               | Rye Brook, NY  | 10573                                      |                   |   |  |
|                               |  | City/State                                 | and Zip Code      |   |  |
|                               | dhertzel@kupferl   | aw.com                                     |                   |   |  |
|                               |  | E-mail address: (to be used fo             | or future annual  | report notification)  |  |
| For further infor             | rmation concerning t   | this matter, please call:                  |                   |   |  |
| Dawn                          | Hertzel  | ,  | 646<br>at (       | 751-7516  |  |
|                               | Name of (  | Contact Person                             | Area Code         | Daytime Telephone Number  |  |
| Divisio<br>Registr<br>P.O. Bo | ING ADDRESS:<br>on of Corporations<br>ration Section<br>ox 6327<br>assee, FL 32314 |  |                   | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |  |
|                               | ed is a check for the<br>make check payable  | following amount: to: FLORIDA DEPARTM      | ENT OF STAT       | ΓE  |  |
| _                             | 25.00 Filing Fee   | S130.00 Filing Fee & Certificate of Status | \$155.00          | Filing Fee & S160.00 Filing F of Status & Certi   |  |

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSI IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED L. COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (Name of Foreign                     | LLC n Limited Liability Company; must include "Limite  | ed Liability Con     | npany," "L.L.C.," or "LLC.")         |                                |
|--------------------------------------|--|----------------------|--------------------------------------|--------------------------------|
| If name unavailable, enter alternate | name adopted for the purpose of transacting business in Flo  | orida. The alternat  | e name must include "Limited Liabili | tty Commany," "L.L.C." or "LLC |
| Delaware                             |  | 3.                   |                                      |                                |
| (Jurisdiction under the law of v     | which foreign limited liability company is organized)  | J                    | (FEI number,                         | , il applicable)               |
| 1                                    | (Date first transacted business in Florida of groot to   | registration t       |                                      | <u> </u>                       |
|                                      | (Date first transacted business in Florida, if prior to<br>(See sections 605.0904 & 605.0905, F.S. to determ | ine penalty liabilit | ty)                                  |                                |
| 2140 S DuPont Hwy                    | Principal Office)  |                      | o Office Plaza Dr., 1st F            |                                |
| (Street Address of                   | Principal Office)  |                      | (Mailing Address                     | 2)                             |
| Camden, DE19934                      |  | Tall                 | lahassee, FL 32301                   |                                |
|                                      |  |                      |                                      |                                |
| 7. Name and street addre             | ss of Florida registered agent: (P.O. Box  | ← <u>NOT</u> accej   | ptable)                              | 19 .                           |
|                                      |  |                      |                                      |                                |
| Name:                                | Paracorp Incorporated  |                      | <u></u>                              |                                |
| Name:<br>Office Address:             | Paracorp Incorporated  155 Office Plaza Dr., 1st Fl  |                      | · <del></del>                        | JUL 15 AM IC                   |
|                                      |  |                      | <br>                                 | ·                              |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furthe to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.

| PLE | CASE SEE ATTACHED              |  |
|-----|--------------------------------|--|
|     |                                |  |
|     | (Registered agent's signature) |  |

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons author manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Addres Name: Corey S. Kupfer Name: Manager Manager Address: 800 Westchester Ave Member Address: Member Ste 641N Authorized Authorized Rye Brook, NY 10573 Person Person Other\_ Other\_\_\_\_ Other Other\_\_\_\_\_ Manager Name: Manager Name: \_\_\_\_\_ Member Address: ☐ Member Address: Authorized Authorized Person Person Other\_\_\_ \_\_\_Other\_\_\_\_\_\_Other\_\_\_\_\_ Other Name: \_\_\_\_\_ Manager Manager \_\_\_\_ Name: \_\_\_\_ Address: \_\_\_\_ Member ☐ Member Address: Authorized Authorized Person Person Other Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. No 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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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 informatic 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 Corey S. Kupfer

Typed or printed name of signee

#### STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

| DAIE: |
|-------|
|       |

**ENTITY NAME:** 

#### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "THE WEALTH ALLIANCE, 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 TWELFTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE WEALTH

ALLIANCE, LLC" WAS FORMED ON THE FIFTH DAY OF DECEMBER, A.D. 2018.

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



Authentication: 20320735!

Date: 07-12-1!