

0/2019 14:00 FAX 2001
19
Division Corporate
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

((H19000282714 3)))



H190002827143ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383
From: Account Name : TRIPP SCOTT, P.A.
Account Number : 07535000065
Phone : (954)525-7500
Fax Number : (954)761-8475

995217.0001
CBV

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: CBV@TRIPPSCOTT.COM

Foreign Limited Liability Company
FINANCIAL SOUNDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

FILED
2019 SEP 20 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2019 SEP 20 PM 3:02

Electronic Filing Menu Corporate Filing Menu Help

Y SCOTT

SEP 23 2019

✓

419000282714 3

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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. **FINANCIAL SOUNDINGS, LLC**

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

NA

(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. **NEW JERSEY**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI number, if applicable)

4. **NA**(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)5. **240 CRANDON BLVD, SUITE 285**

(Street Address of Principal Office)

KEY BISCAYNE, FLORIDA 331496. **SAME AS STREET ADDRESS**

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: **ROBERT LOUIS DUGHY**Office Address: **240 CRANDON BLVD, SUITE 285****KEY BISCAYNE**

(City)

, Florida **33149**

(Zip code)

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.Robert Louis Dughy /s/

(Registered agent's signature)

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

Title or Capacity:Name and Address:Title or Capacity:Name and Address:**MANAGER****ROBERT C. DUGHY****240 CRANDON BLVD, STE 285
KEY BISCAYNE FL 33149**

(Use attachments if necessary)

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.Scott J Jordan
(Signature of an authorized person)**SCOTT J JORDAN, AUTHORIZED SIGNATORY**

Typed or printed name of signee

419000282714 3

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

H19000282714 3

FINANCIAL SOUNDINGS, LLC
0600178703

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on August 29, 2003.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

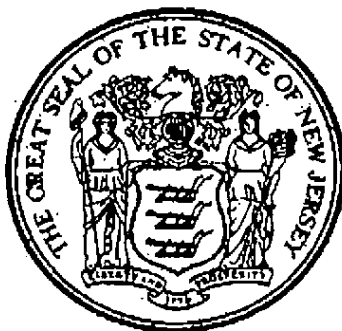
I further certify that the registered agent and office are:

CAPITOL CORPORATE SERVICES, INC.
14 SCENIC DRIVE
DAYTON, NJ 08810

SECRETARY OF STATE
TREASURY DIVISION
MILWAUKEE, FLORIDA

2019 SEP 20 PM 4:44

FILED



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
19th day of September, 2019

Elizabeth Maher Muoio

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6100834328

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/ISP/Verify_Cert.jsp

H19000282714 3