M2000000032

(Red	questor's Name)	 		
(Add	dress)			
(Add	dress)			
(City	y/State/Zip/Phone			
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer				
!				
<u> </u>				

Office Use Only



500337307505

11/27/18--01014--018 **160.68

THE NOV 27 A IN 18

JAN 0 2 2011

Tismen



November 18, 2019

Mr. Sean Toner Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Dear Mr. Toner:

Enclosed please find the application for KBK Wealth Management, LLC to register to transact business in Florida. Also enclosed is our Certificate of Existence dated November 13, 2019, and a check for \$160.00 to cover the filing fee, the designation of Registered Agent fee, the certified copy fee, and the certificate of status fee.

We are enclosing a self-addressed, postage-paid envelope for return to us of the certified copy and the certificate of status once it is processed.

I really appreciate your assistance with this matter, and thank you again for calling me back to walk me through the process.

My direct line is 212-944-8501 x308. Please call me if there are any questions regarding our application.

Best regards,

Nancy Curtin, CFP *, CLTC

COVER LETTER

		ons	
CT:/	KBK	WEALTH	MANAGEMENT; LLC. Name of Limited Liability Company
			bility Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida.
eturn all corres	pondence	e concerning this ma	atter to the following:
	Λ	PANCY	CURTIN Name of Person
	KBK	WEALT	H MANAGEMENT, LLC. Firm/Company
	2	8 WEST	T 44 STREET SUITE 1200 Address
	Ne	EW YORK,	New York 10036 City/State and Zip Code
	Λ	/ J CURTINE-mail address:	W @ KBK WEALTH. COM (to be used for future annual report notification)
her information	concern	ing this matter, plea	ase call;
NAN	/C V Name	CURTINE of Contact Person	at (212) 944-850/ Area Code Daytime Telephone Number
Division of Co Registration S P.O. Box 632	orporatio ection 7	ns	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Please make c	heck pay	table to: FLORIDA \Box \$130.00 F	A DEPARTMENT OF STATE
	Division of Co	losed "Application by Free, and check are submit eturn all correspondence Mail Mail	Division of Corporations CT: KBK WEALTH losed "Application by Foreign Limited Liable, and check are submitted to register the a eturn all correspondence concerning this maternal address: WEW YORK, WEW YORK, WEW YORK, WEW YORK, WANCY E-mail address: ther information concerning this matter, please of Contact Person MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amo Please make check payable to: FLORIDA \$125.00 Filing Fee \$\Bigsigma \$130.00 Files

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED ID COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	BILITY
1. KBK WEALTH MANAGEMENT LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L. I. C.," or "L.I.C.")	
Hi 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 "LEC,")	
2. NEW YORK Ourschenon under the law of which foreign limited hability company is organized) 3. 26-1724394 Ourschenon under the law of which foreign limited hability company is organized)	
4. Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability)	
5. 28 West 44th Street 6. 28 West 44th Street (Mailing Address)	Ī
Suite 1200 Suite 1200	
NEW YORK, NY 10036 WEW YORK, NY 10036	
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: WANLY LURTIN	
Office Address: 301 WEST Atlantic Aux Sute 0-6 = D	
DETROY BEACH Florida 33444 5	
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 p designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further 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.	agree

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Manager Manager Name: _____ West Atlantic Ave Member Member Address: Suite 0-6 Authorized ☐ Authorized DelRAY Bosch, FL 33444 Person Person Other_ Other___ Other_ Other Manager Manager Member Address: Member Address: _____ Authorized Authorized Person Person Other Other Other Other Manager Name: Manager Name: _____ Member Address: ___ Address: Authorized ☐ Authorized Person Person Other Other___ Other Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 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.

State of New York Department of State } ss:

I hereby certify, that KBK ADVISORS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/29/2007, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A certificate changing name to KBK WEALTH MANAGEMENT, LLC was filed on 01/04/2008.

- A Biennial Statement was filed 11/10/2009.
- A Biennial Statement was filed 12/06/2011.
- A Biennial Statement was filed 11/13/2013.
- A Biennial Statement was filed 11/18/2015.
- A Biennial Statement was filed 11/08/2017.

I further certify, that no other documents have been filed by such Limited Liability Company.



Witness my hand and the official seal of the Department of State at the City of Albany, this 13th day of November two thousand and nineteen.

Brada C Hylan

Brendan C. Hughes Executive Deputy Secretary of State

201911140171 • 61