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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

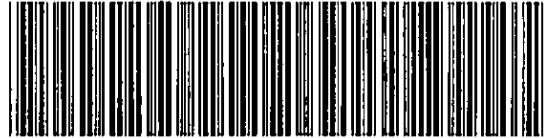
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 08 2020
T. LEMAY

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dynasty Financial Partners
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jill Russo
Name of Person

Dynasty Financial Partners
Firm/Company

200 Central Ave, FL 15
Address

St. Petersburg, FL 33701
City/State and Zip Code

jrusso@dynastyfp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jill Russo at (727) 865-4809
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$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:

1. Dynasty Financial Partners, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

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

3. 27-2037539
(FEI number, if applicable)

4. 7/22/19
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 200 Central Ave, FL 15
(Street Address of Principal Office)

6. 200 Central Ave, FL 15
(Mailing Address)

St. Petersburg, FL 33701

St. Petersburg, FL 33701

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Jill Russo

Office Address: 200 Central Ave, FL 15

St. Petersburg, Florida 33701
(City) (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.

Jill Russo
(Registered agent's signature)

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2019 DEC - 9 PM 2:19
CLERK OF STATE
TALLAHASSEE, FLORIDA

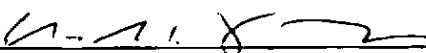
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Shirl Penney, CEO</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Edward Swenson, COO</u>
<input type="checkbox"/> Member	Address: <u>200 Central Ave, FL 15</u>	<input type="checkbox"/> Member	Address: <u>1350 6th Ave</u>
<input type="checkbox"/> Authorized	<u>St. Petersburg, FL 33701</u>	<input type="checkbox"/> Authorized	<u>New York, NY 10019</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input checked="" type="checkbox"/> Manager	Name: <u>Justin Weinkle, CFO</u>
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: <u>200 Central Ave, FL 15</u>
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	<u>St. Petersburg, FL 33701</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-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 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.


Signature of an authorized person

Edward C. Swenson
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "DYNASTY FINANCIAL PARTNERS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE SECOND DAY OF MARCH, A.D. 2010, AT 3:49 O'CLOCK P.M.

CERTIFICATE OF CORRECTION, CHANGING ITS NAME FROM "DYNASTY FINANCIAL PLANNING, LLC" TO "DYNASTY FINANCIAL PARTNERS, LLC", FILED THE FIFTH DAY OF APRIL, A.D. 2010, AT 12:24 O'CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2012, AT 3:07 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "DYNASTY FINANCIAL PARTNERS, LLC".



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

4794530 8310

SR# 20198129955

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

Authentication: 204023248

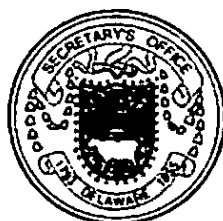
Date: 11-18-19

Delaware

The First State

Page 2

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



4794530 8310

SR# 20198129955

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Jeffrey W. Bullock, Secretary of State

Authentication: 204023248

Date: 11-18-19