

2/24/2020

Division of Corporations

mao000002189

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 fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200000616203)))



H200000616203ABCR

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

2020 FEB 25 AM 8:20

**Foreign Limited Liability Company
RETIREMENT WEALTH SPECIALISTS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2020 FEB 25 AM 8:20
FILED

2020 FEB 25 AM 8:20

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

FEB 26 2020

DocuSign Envelope ID: 70F87BBF-066D-4051-8267-90CF67B770AC

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

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Retirement Wealth Specialists, 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 84-4394429
(Jurisdiction under the law of which foreign limited liability company is organized) 3. (TIN number, if applicable)

4. 1/29/2020
(Date first transacted business in Florida, if prior to registration;
[See sections 605.091 & 605.095, F.S., to determine penalty liability.]

5. 407 Wekiva Springs Rd., Suite 247 c/o Kestra Financial, Inc, Attn: R. Brett Norwood
(Street Address of Principal Office) 6. (Mailing Address)
Longwood, FL 32779 5707 Southwest Parkway, Building 2, Suite 400
Austin, TX 78735

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation 33324
(City) Florida (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.

By: C T Corporation System Scott White
Assistant Secretary
(Registered agent's signature)

FILED
2020 FEB 25 AM 10:59
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

DocuSign Envelope ID: 70F87BBF-066D-4051-8267-90CF67B770AC

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:**

☐ Manager Name: James Poer
☐ Member Address: c/o Kestra Financial, Inc
☐ Authorized 5707 Southwest Pkwy, Bldg 2, Ste 400
 Person Austin, TX 78735
☒ Other CEO ☒ Other President

☐ Manager Name: R. Bredt Norwood
☐ Member Address: c/o Kestra Financial, Inc
☐ Authorized 5707 Southwest Pkwy, Bldg 2, Ste 400
 Person Austin, TX 78735
☒ Other Executive Vice President ☒ Other Secretary

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

Title or Capacity:**Name and Address:**

☐ Manager Name: John Vanderheyden
☐ Member Address: c/o Kestra Financial, Inc
☐ Authorized 5707 Southwest Pkwy, Bldg 2, Ste 400
 Person Austin, TX 78735
☒ Other Executive Vice President ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ 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.

DocuSigned by:

John Vanderheyden

EEEAAT06073481 Signature of an authorized person

John Vanderheyden Executive Vice President

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 "RETIREMENT WEALTH SPECIALISTS, 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 TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2020.

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



7803759 8300

SR# 20201446070

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

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.

Authentication: 202449721

Date: 02-24-20