

A20000006596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

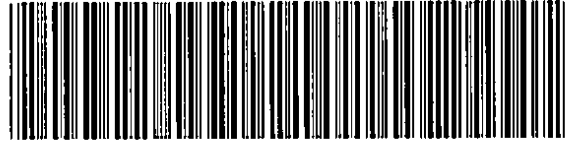
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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2020 JUL 24 AM 8:20
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M. SOLOMON

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 7/24/2020

Acc#I20160000072

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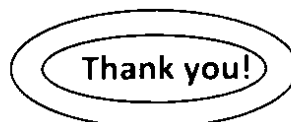
Name:	WEALTHPRESS HOLDINGS LLC
Document #:	
Order #:	13130954

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$	155.00
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wealthpress Holdings LLC
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:

Allie Dufek
Name of Person

CT Corporation System
Firm/Company

1999 Bryan Street, Suite 900
Address

Dallas, TX 75201
City/State and Zip Code

cls-statecommunications@wolterskluwer.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allie Dufek at (214) 9323615
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

3. _____
(FEI number, if applicable)

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

5. 12276 San Jose Blvd, Suite 518
(Street Address of Principal Office)

6. 12776 San Jose Blvd, Suite 518
(Mailing Address)

Jackson, FL 32223

Jackson, FL 32223

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


Name: Morgan Busby

Office Address: 495 Town Plaza Avenue

Ponte Vedra, Florida 32081
(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.


(Registered agent's signature)
Morgan Busby

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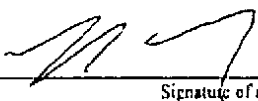
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Morgan Busby</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Roger Scott</u>
<input type="checkbox"/> Member	Address: <u>495 Town Plaza Avenue</u>	<input type="checkbox"/> Member	Address: <u>216 Settlers Row North</u>
<input type="checkbox"/> Authorized	<u>Ponte Vedra, FL 32081</u>	<input type="checkbox"/> Authorized	<u>Ponte Vedra Beach, FL 32082</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 _____
<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

Morgan Busby, Manager

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 "WEALTHPRESS HOLDINGS 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 JULY, A.D. 2020.

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



3306528 8300

SR# 20206391004

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 203340655

Date: 07-24-20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2020

CT CORP

CORRECTED
Please Allow For
Same File Date

SUBJECT: WEALTHPRESS HOLDINGS LLC
Ref. Number: W20000080157

We have received your document for WEALTHPRESS HOLDINGS LLC .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

No account cover sheet provided for this filing from CT Corp.

If you have any questions concerning the filing of your document, please call
(850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 420A00014196

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2020 JUL 30 PM 1:11
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2020

CT CORP

CORRECTED
Please Allow For
Same File Date

SUBJECT: WEALTHPRESS HOLDINGS LLC
Ref. Number: W20000080157

We have received your document for WEALTHPRESS HOLDINGS LLC .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

No coversheet for this Foreign Qualification paperwork. Only coversheet received
was for the conversion of the Florida company to an out of state.

If you have any questions concerning the filing of your document, please call
(850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 820A00014048

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