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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

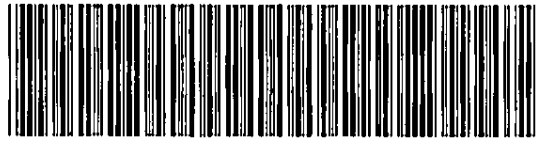
(Business Entity Name)

(Document Number)

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SBF  
10/29/20

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Beacon Pointe Advisors, 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:

Janet Hathaway  
Name of Person  
Beacon Pointe Advisors, LLC  
Firm/Company  
24 Corporate Plaza Dr., Suite 150  
Address  
Newport Beach, CA 92660  
City/State and Zip Code  
jhathaway@beaconpointe.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janet Hathaway 949 478-7424  
Name of Contact Person at ( ) 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

2004 JUN 21 11:45 AM

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. Beacon Pointe Advisors, L.L.C  
(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. California 3. 27-0636826  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 24 Corporate Plaza Dr., Suite 150 6. 24 Corporate Plaza Dr., Suite 150  
(Street Address of Principal Office) (Mailing Address)  
Newport Beach, CA 92660 Newport Beach, CA 92660

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

Name: James Ferrell  
Office Address: 1400 W. Fairbanks Ave., Suite 202  
Winter Park, Florida 32789  
(City) (Zip code)

2020 FEB 21 PM 4:06

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)





**Secretary of State  
Certificate of Status**

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

**Entity Name:** BEACON POINTE ADVISORS, LLC  
**File Number:** 200203910092  
**Registration Date:** 02/01/2002  
**Entity Type:** DOMESTIC LIMITED LIABILITY COMPANY  
**Jurisdiction:** CALIFORNIA  
**Status:** ACTIVE (GOOD STANDING)

As of September 13, 2020 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 14, 2020.

**ALEX PADILLA  
Secretary of State**

**Certificate Verification Number: RE3DBJR**

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To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at [webfile.sos.ca.gov/certification/index](http://webfile.sos.ca.gov/certification/index).