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| (Requ | estor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Busin | ess Entity Na | me) |
| (Docu | ment Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fili | ing Officer: | |
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TO:

| TO: | | ation Section of Corporations | | ١, | ·i | ; | ; | > | |
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| S SUBJE | | nquility Wealth Mana | • | С | | | | | |
| ,1,1,1,1 | | | | Name of | f Limited Li | ability Co | ompany | | • |
| The end Existen | closed "Aj acc, and ch | optication by Foreign seek are submitted to (| Limited Liab register the a | oility Con bove refe | ipany for Ai renced forei | ithorizati gn limite | on to Transact d liability comp | Business in Florida, cany to transact busin | Certificate oness in Florida |
| Please | return all c | correspondence conce | rning this m | atter to th | e following: | | | | |
| | | Donald W. Stanley I | I | | | | | | |
| | | | | <u> </u> | Name of Per | son | | ···· | |
| | | Tranquility Wealth (| Management | . LLC | | | | | |
| | | | | | Firm/Compa | ny | | | • |
| | | 17538 K Street | | | | | | | |
| | | | | | Address | | | | |
| | | Omaha, NE 68135 | | | | | | | _ |
| | | | · · · · · · · · · · · · · · · · · · · | City/ | State and Zi | p Code | | | |
| | C | lon.stanley@nvcweal | th.com | | | | | | |
| | - | E-r | nail address: | (to be us | ed for future | annual r | eport notification | on) | • |
| For fur | ther inforn | nation concerning this | matter, plea | ise call: | | | | | |
| | Donald | W. Stanley II | | | 402 | , | 616-6916 | | |
| | | Name of Co | ntact Person | | at (Are | a Code | Daytime T | clephone Number | |
| | MAILE | NG ADDRESS: | | | | <u> </u> | STREET ADD | RESS: | |
| | | of Corporations | | | | | Division of Cor | | |
| | Registra P.O. Box | tion Section | | | | | Registration Sec | | |
| | | see, FL 32314 | | • | | | Clifton Building 2661 Executive | | |
| | | | | | | • | l'allahassee, FL | . 32301 | |
| Enclose | ed is a che | ck for the following a | mount; | | | | | | |
| | ☐ \$12. | 5.00 Filing Fee | S130.00 F Certifi | iling Fee | | H55.00 F Certified | iling Fee & I Copy | S160.00 Filing of Status & Cer | |

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. Tranquility Wealth Ma | inagement, LLC | | |
|--|--|----------------------|---|
| (Name of Foreign | Limited Enability Company; must include "Limit | ed Liability Com | pany," "L L C.," or "LLC.") |
| | | | name must include "Limited Liability Company," "L.L.C," or "LLC |
| (If name unavailable, enter alternate) | name adopted for the purpose of transacting husiness in Fl | orida. The alternate | name must include "Limited Liability Company," "L.I. C," or "LLC" |
| Nebraska 2. | | 3. | |
| (Jurisdiction under the law of w | hich foreign limited liability company is organized) | <u></u> | (FEI number, if applicable) |
| n/a | | | |
| 4 | (Date first transacted business in Florids, if prior to (See sections 605,0904 & 605,0905, F.S. to determ | registration) |) |
| 17538 K Street | | 3030 | Hartley Road #160 |
| 5. (Street Address of | (Street Address of Principal Office) | | (Mailing Address) |
| Omaha, NE 68135 | | Jacks | sonville, FL 32257 |
| | | | |
| | | | |
| 7. Name and street addre | <u>ss</u> of Florida registered agent: (P.O. Bo | x <u>NOT</u> accep | table) |
| | | | · |
| Name: | Donald W. Stanley II | | - |
| rane. | | | _ |
| Office Address: | 3030 Hartley Road #160 | | _ |
| | Jacksonville | | 32257 , Ftorida |
| | (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.

(Registered agent's signature)

| 8. | The name, title or capacity and address <u>Title or Capacity:</u> | of the person(s) who has/have authority to manage is/are: Name and Address: | | | |
|-----------|--|--|--|--|--|
| | Managing Member | Donald W. Stanley II | | | |
| | | 17538 K Street | | | |
| | | Omaha, NE 68135 | | | |
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| | ise attachments if necessary) | | | | |
| 123 | Attached is a certificate of existence, an isdiction under the law of which it is on the translator must be submitted) | o more than 90 days old, duly authenticated by the official having custody of records in th rganized. (If the certificate is in a foreign language, a translation of the certificate under or | | | |
| l O su | . This document is executed in accorda omitted in a document to the Departmer | ance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information at of State constitutes a third degree felony as provided for in 5.817.155, F.S. | | | |
| | THIX | Signature of an authorized person | | | |
| | Onald W. St | . | | | |

Typed or printed name of signer

STATE OF NEBRASKA

United States of America, } ss. State of Nebraska }

Secretary of State State Capitol Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the State of Nebraska, do hereby certify that

TRANQUILITY WEALTH MANAGEMENT, LLC

was duly formed under the laws of Nebraska on November 7, 2018;

all fees, taxes, and penalties due under the Nebraska Uniform Limited Liability Company Act or other law to the Secretary of State have been paid;

the Company's most recent biennial report required by section 21-125 has been filed by the Secretary of State;

the Secretary of State has not administratively dissolved the company;

the Company has not delivered to the Secretary of State for filing a Statement of Dissolution;

a Statement of Termination has not been filed by the Secretary of State.

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

In Testimony Whereof,



I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on this date of

December 16, 2020

Secretary of State