

M21000008938

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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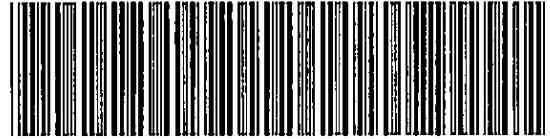
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2021 JUL 14 AM 9:34

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RISC POINT ADVISORY GROUP, LIMITED

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:

Adam Lowe

Name of Person

RISC POINT ADVISORY GROUP, LIMITED

Firm/Company

10752 Deerwood Park Blvd, Suite 100

Address

Jacksonville, FL 32256

City/State and Zip Code

adam@riscpoint.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Lowe

904

419-7479

at (_____) _____

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. RISC POINT ADVISORY GROUP, LIMITED 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. Ohio 83-0808265
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. July 2, 2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

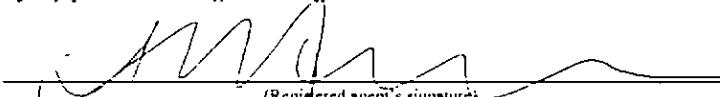
5. 10752 Deerwood Park Blvd 10752 Deerwood Park Blvd
(Street Address of Principal Office) (Mailing Address)
Suite 100 Suite 100
Jacksonville FL 32256 Jacksonville FL 32256

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

Name: Adam G. Mersereau
Office Address: 814 A1A North, Suite 207
Ponte Vedra Beach, Florida 32082
(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)

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2021 JUL 14 AM 9:34
CLERK OF CIRCUIT COURT
JACKSONVILLE, 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]:

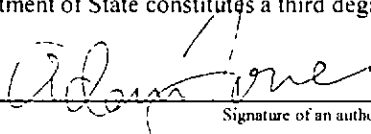
<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	Jake Nix		<input type="checkbox"/> Manager	Name:	Adam Lowe	
<input type="checkbox"/> Member	Address:	515 Euclid Ave, Ste 1501		<input checked="" type="checkbox"/> Member	Address:	3847 Ashglen Drive East	
<input type="checkbox"/> Authorized		Ste 1501		<input type="checkbox"/> Authorized		Jacksonville, FL 32224	
Person		Cleveland, OH 44114		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	

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JACKSONVILLE, FLORIDA

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

Adam Lowe

Typed or printed name of signer

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show RISC POINT ADVISORY GROUP, LIMITED, an Ohio For Profit Limited Liability Company, Registration Number 4192067, was organized within the State of Ohio on June 6, 2018, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 29th day of June, A.D. 2021.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202118002148



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 2, 2021

ADAM LOWE
RISC POINT ADVISORY GROUP, LIMITED
10752 DEERWOOD PARK BLVD, SUITE 100
JACKSONVILLE, FL 32256

SUBJECT: RISC POINT ADVISORY GROUP, LIMITED
Ref. Number: W21000095734

We have received your document for RISC POINT ADVISORY GROUP, LIMITED and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please list the name as Risc Point Advisory Group, Limited LLC or Limited Liability Company. Suffix is required by Florida Statutes.

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

Mel Solomon
Senior Section Administrator

Letter Number: 321A00015291

July 13, 2021

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

NAME OF CORPORATION: Risc Point Advisory Group, Limited
REQUESTED NAME IN FL: Risc Point Advisory Group, Limited LLC
DOCUMENT NUMBER: W21000095734
REPONSE TO DOS LETTER: 321A00015291, Dated July 2, 2021
From Mel Solomon, Senior Section Administrator

In response to your letter, please find enclosed our corrected *Application by Foreign Limited Liability Company for Authorization to Transaction Business in Florida*.

For clarity, the name of the entity in its home state of Ohio is **Risc Point Advisory Group, Limited**.

But, in light of the rules governing naming conventions for LLC's in Florida, the name we are requesting in Florida is **Risc Point Advisory Group, Limited LLC** (as instructed, this is the name we have used in Line #1 of the Application).

Also enclosed is a copy of or original, but partially incorrect application, showing that we have already submitted the required Fee and the required Certificate of Existence from Ohio.

Thank you.



Adam G. Mersereau, Esq.
Registered Agent for Applicant

RECEIVED
JUL 14 2021