# M22000010450

(Requestor's Name)
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Submess Entry Warne)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400385499824

06/16/22--01017--019 \*\*70.00



S. ROBERTS
JUN 1 6 2022

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJI	ECT: Chrysos Wealth Management, LLC	
5020.	Name of corporation - mu	st include suffix
Dear Si	r or Madam:	
"Certifi	closed "Application by Foreign Corporation for Auth icate of Existence," or "Certificate of Good Standing" referenced foreign corporation to transact business in	' and check are submitted to register the
Please	return all correspondence concerning this matter to the	e following:
	Kim Lucas	
	Name of Person	on
	Chrysos Wealth Mana Firm/Company	gement, LC
	901 Wain Street Su Address	
	Dallas, Texas City/State and Zi	
	Limiucas @ mintdenti E-mail address: (to be used for fu	-
For fur	ther information concerning this matter, please call:	
K	Name of Person at (214)  Area Code	416 - 8400 Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Please n		STATE  .75 Filing Fee &  Certificate of Status &  Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

"Inc.," "Co.," "Co	гр," "Inc," "Co," or "Corp.")	<u>lement, LLC</u> b," "company," "corporat	ION,"
(If name unavaile	ble in Florida, enter alternate corporate nan	no adopted for the number of transc	oting havings in Florida
,	-		
	under the law of which it is incorporated)		
Novem	ber 4 2013 of incorporation)	5. (Date of duration, if ot	her than perpetual)
(22.0)	June 15, 2022		ior man perperuary
	(Date first transacted business	s in Florida, if prior to registration) .1502, F.S., to determine penalty liz	ability)
8101	Biscayne Blud, C	21+2 Miami Fl	33138
	Unin Street Ste. 71 (Current mai		5202
Name and street	address of Florida registered agent: (F	P.O. Box <u>NOT</u> acceptable)	2022 JUH 1 6 E. G. L. J. LA.
Name:	Northwest Registered	Agent, LLC	<u> </u>
ffice Address:	7901 446 St. N STE	300	PH 2:
	St Petersburg (City)	, Florida <u>33702</u> (Zip code)	29
Registered age	nt's acceptance: ed as registered agent and to accept ser	miles of process for the above at	ated corporation at the

lace ity. I duties and I am familiar with and accept the obligations of my position as registered agent.



10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS	•						
Chairman	Name: Field Harrison	□ Chairman	Name:	<u> </u>			
□Vice Chairman	Address: 901 llain Street	□Vice Chairman	Address:				
Director	Suite 7100	Director					
□President	Dallas TX 75202	□President					
□Vice President		□Vice President					
Secretary	□Treasurer	☐ Sccretary		□Treasurer			
Other		Other		□Other			
Chairman	Name: Clint Rachal	□ Chairman	Name:				
□Vice Chairman	Address: 901 Main Street	□Vice Chairman	Address:				
□Director	Suite 7100	□Director					
SPresident €	Dellas, TX 25202	□ President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	Secretary		□Treasurer			
Other		Other		Other			
□Chairman	Name: Kim Lucas	□ Chairman	Name:				
□Vice Chairman	Address: 901 Main Street	□Vice Chairman	Address:				
Director	Suite 7100	Director					
□President	Dallas, TK 75202	President					
□Vice President		□Vice President					
Secretary	□Treasurer	Secretary		□Treasurer			
Other	□ Other	Other	· <del> · · · ·</del>	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.  12. ————————————————————————————————————							
Signature of Director or Officer							
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he of she is aware that 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.							

(Typed or printed name and capacity of person signing application)



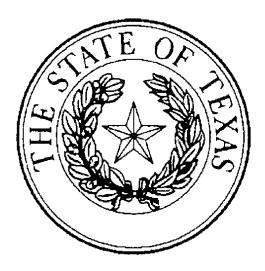
# Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Chrysos Wealth Management, LLC (file number 801877387), a Domestic Limited Liability Company (LLC), was filed in this office on November 04, 2013.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 09, 2022.



John B. Scott Secretary of State