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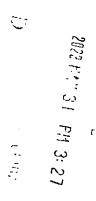
(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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T. LEMIEUX
JUN - 8 2023

COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	The Retirement Planning Group,	LLC		
., .	Name of Limited Liability Company			
		Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida		
Please re	turn all correspondence concerning thi	is matter to the following:		
	Kathlee Bilbia			
	-	Name of Person		
	Cetera Financial Group			
		Firm/Company		
	2301 Rosecrans Ave., Suite	5100		
Address				
	El Segundo, CA 90245			
	City/State and Zip Code			
	christopher.lesniak@cetera.com			
	E-mail addr	ress: (to be used for future annual report notification)		
For furth	er information concerning this matter,	please call:		
	Kathleen Bilbia	310 257-7465 at ()		
	Name of Contact Per			
	Mailing Address: Registration Section	Street Address: Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	-			

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	rida. The alternat	e name must include "Limited Lic	bility Company,	' "L.L C," c	or "L.1,C
Delaware		92-1 3.	3463660			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	.,	(FEI numb	et, if applicable)		
	On Santa and Thursday is Standay of Sanday		·····			
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	e penalty hability	r)			
4811 W. 136th Street		2301 6	Rosecrans Ave.			
eet Address of Principal Office)		0	(Mailing Address)			
		Suite	: 5100			
Leawood, KS 66224		El Se	egundo, CA 90245	Ü	2023	
Name and street addres	s of Florida registered agent: (P.O. Box	NOT accep	table)		ည်း ယ	<u> </u>
Name:	Corporation Service Company		_	-	ှာ ငှ	ţ
Office Address:	1201 Hays Street		_	= .	: 27	
	Tallahassee		32301 , Florida			
	(City)		(Zîp code)			
signated in this applica comply with the provisi	tance: gistered agent and to accept service of pi tion, I hereby accept the appointment as ons of all statutes relative to the proper o s of my position as registered agent.	registered a	igent and agree to act is	n this capac	ity. I fu	rther
	Renee Patters	ion				
	(Registered agent's si	ignature)				

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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Adam Antoniades	■Manager	Name: Jeff Buchheister
□Member	Address: 655 W. Broadway, 12th Floor	□Member	Address: 655 W. Broadway, 12th Floor
□Authorized	San Diego, CA 92101	□Authorized	San Diego, CA 92101
Person		Person	
Other	Other	□Other	□ Other
■Manager	Name:	□Manager	Name: Lexie Barling
□Member	Address: 655 W. Broadway, 12th Floor	□Member	Address: 4811 W 136th Street
□Authorized	San Diego, CA 92101	■Authorized	Leawood, KS 66224
Person		Person	·
□Other	□Other	□Other	□Other
□Manager	Name: Matt Striegel	□Manager	Name: Luke Crowther
□Member	Address: 4811 W 136th Street	□Member	Address: 4811 W 136th Street
■Authorized	Leawood, KS 66224	Authorized	Leawood, KS 66224
Person		Person	
□Other	Other	Other	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.

— DecuSigned by:		
lesie Barling		
43D7F9E407A14F0	Signature of an authorized person	
Lexie Barling		
	Typed or printed name of signee	

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "THE RETIREMENT PLANNING GROUP, 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 FIFTH DAY OF MAY, A.D. 2023.

Authentication: 203290691

Date: 05-05-23