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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA00000023
Phone : (954)208-0845
Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ots.annualreports@jpmchase.com

Foreign Limited Liability Company
JP MORGAN PRIVATE WEALTH ADVISORS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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

IN COMPLIANCE WITH SECTION 605.09(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. J.P. MORGAN PRIVATE WEALTH ADVISORS LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 93-3811590
(F.L. number, if applicable)

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

5. 111 Pine Street
(Street Address of Principal Office)

San Francisco, CA 94111

6. 111 Pine Street
(Mailing Address)

San Francisco, CA 94111

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

2023 OCT 26 AM 11:09
FILED

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.

C T Corporation System

By: SEAN L. EMERICK, ASSISTANT SECRETARY

(Registered agent's signature)

Sean L. Emerick

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]:

See Attached

<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: <u>Amy H Hong</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Andrew C. Burge</u>
<input type="checkbox"/> Member	Address: <u>111 Pine Street</u>	<input type="checkbox"/> Member	Address: <u>111 Pine Street</u>
<input type="checkbox"/> Authorized	<u>San Francisco, CA 94111</u>	<input type="checkbox"/> Authorized	<u>San Francisco, CA 94111</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Christopher James Wolfe</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>David C. Tateosian</u>
<input type="checkbox"/> Member	Address: <u>111 Pine Street</u>	<input type="checkbox"/> Member	Address: <u>111 Pine Street</u>
<input type="checkbox"/> Authorized	<u>San Francisco, CA 94111</u>	<input type="checkbox"/> Authorized	<u>San Francisco, CA 94111</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Glenn Hill</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>Nicolas R. Gentin</u>
<input type="checkbox"/> Member	Address: <u>111 Pine Street</u>	<input type="checkbox"/> Member	Address: <u>111 Pine Street</u>
<input type="checkbox"/> Authorized	<u>San Francisco, CA 94111</u>	<input type="checkbox"/> Authorized	<u>San Francisco, CA 94111</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

Andrew Burge

Signature of an authorized person

Andrew C. Burge, Manager

Typed or printed name of signer

Attachment for Manager's and Member's: J.P. MORGAN PRIVATE WEALTH ADVISORS LLC

Address for Officer's and Director's	111 Pine Street, San Francisco, CA 94111
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JPMorgan Chase Holdings LLC	Member
Theodore F. Dimig	Manager

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "J.P. MORGAN PRIVATE WEALTH ADVISORS 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 TWENTY-FOURTH DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7607444 8300

SR# 20233800306

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204435969

Date: 10-24-23