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(City/State/Zip/Phone #)

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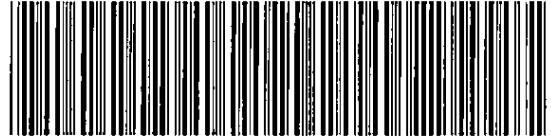
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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T. LEMIEUX

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135 CF  
ADM

# FORVIS

4350 Congress Street, Suite 900 / Charlotte, NC 28209

P 704.367.7020 / F 704.367.7760

forvis.com

September 28, 2023

**VIA FEDEX**

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

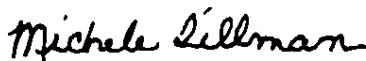
Dear Sir or Madam:

Enclosed please find for filing an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida together with a check in the amount of \$763.75 which represents the \$125 filing fee, plus penalties in the amount of \$638.75.

Please contact me at [michele.tillman@forvis.com](mailto:michele.tillman@forvis.com) or 704-367-7077 if you have any questions or need any additional information.

Sincerely,

FORVIS, LLP



Michele Tillman  
Paralegal

Enclosures



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 6, 2023

MICHELE TILLMAN  
4350 CONGRESS ST STE 900  
CHARLOTTE, NC 28209

SUBJECT: FORVIS WEALTH ADVISORS, LLC  
Ref. Number: W23000137162

We have received your document for FORVIS WEALTH ADVISORS, LLC and your check(s) totaling \$763.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 323A00023197

**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. FORVIS Wealth Advisors, 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. Missouri 3. 43-1815436  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. June 1, 2022  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 910 E. St. Louis Street, Ste. 400 6. 910 E. St. Louis Street, Ste. 400  
(Street Address of Principal Office) (Mailing Address)  
Springfield, MO 65806 Springfield, MO 65806

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 33324  
(City) (Zip code)  
Florida

**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.*

*Rachel Connor*

(Registered agent's signature)

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: <u>Steven Toomey</u>	<input type="checkbox"/> Manager	Name: <u>Nicole Conklin</u>
<input type="checkbox"/> Member	Address: <u>1201 Walnut Street, Ste. 1700</u>	<input type="checkbox"/> Member	Address: <u>910 E. St Louis St. Ste. 400</u>
<input type="checkbox"/> Authorized	<u>Kansas City, MO 64106</u>	<input checked="" type="checkbox"/> Authorized	<u>Springfield, MO 65806</u>
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 _____
<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 _____

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.

Steven L. Toomey  
Steven L. Toomey (Sep 23, 2023 07:57 CDT)

Signature of an authorized person

Steven Toomey

Typed or printed name of signer

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

**CORPORATION DIVISION**  
**CERTIFICATE OF GOOD STANDING**

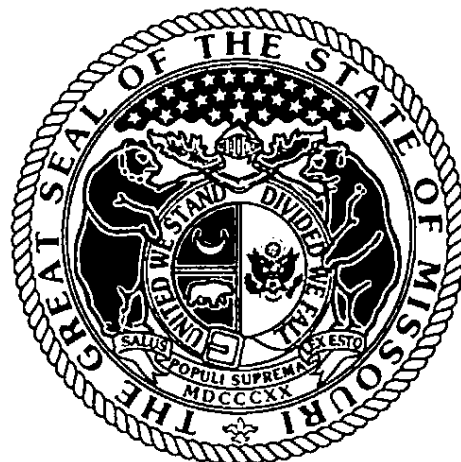
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

***FORVIS WEALTH ADVISORS, LLC***  
***LC0019581***

was created under the laws of this State on the 12th day of May, 1998, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 7th day of September, 2023.

  
Secretary of State



Certification Number: CERT-09072023-0054