

M24000001291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

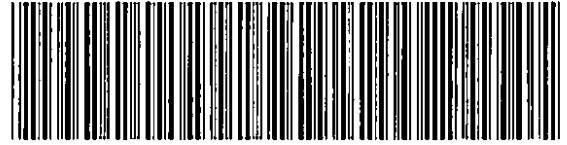
(Business Entity Name)

(Document Number)

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

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STATE  
TALLAHASSEE, FL

2024 JAN -4 AM 11:15

FILED

FEB -5 2024

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Pence Financial Group LLC

\_\_\_\_\_  
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:

Linh Pollack

\_\_\_\_\_  
Name of Person

Pence Financial Group LLC

\_\_\_\_\_  
Firm/Company

5000 Birch Street, Suite 3000 West Tower

\_\_\_\_\_  
Address

Newport Beach, CA 92563

\_\_\_\_\_  
City/State and Zip Code

linh.pollack@pence.financial

(if error: thuylinh.pollackdba@lpl.com)

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

For further information concerning this matter, please call:

Linh Pollack

949

600-8777 ext 122

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

3. \_\_\_\_\_  
(FEI number, if applicable)

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

5. Pence Financial Group  
(Street Address of Principal Office)  
  
120 West 6th Avenue, Suite E  
  
Windermere, FL 34786

6. Pence Financial Group  
(Mailing Address)  
  
5000 Birch Street, Suite 3000 West Tower  
  
Newport Beach, CA 92660

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

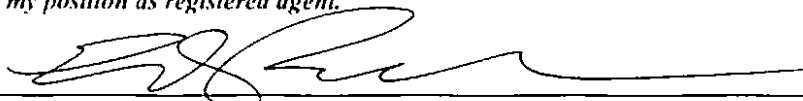
Name: Eldon Dryden Pence III

Office Address: 2500 N. Military Trail, Suite 472

Boca Raton 33431  
\_\_\_\_\_, Florida \_\_\_\_\_  
(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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2024 JAN -4 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FL

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:**

☒ Manager Name: Eldon Dryden Pence III  
☐ Member Address: 2500 N. Military Trail  
☐ Authorized Suite 472  
Person Boca Raton, FL 33431  
☐ Other ☐ Other

☐ Manager Name: Thuy-Linh Pollack  
☐ Member Address: 5000 Birch Street  
☒ Authorized Suite 3000 West Tower  
Person Newport Beach, CA 92660  
☐ Other ☐ Other

☐ Manager Name: Jeff White  
☐ Member Address: 5000 Birch Street  
☒ Authorized Suite 3000 West Tower  
Person Newport Beach, CA 92660  
☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**

☒ Manager Name: John Swift  
☐ Member Address: 5000 Birch Street  
☐ Authorized Suite 3000 West Tower  
Person Newport Beach, CA 92660  
☐ Other ☐ Other

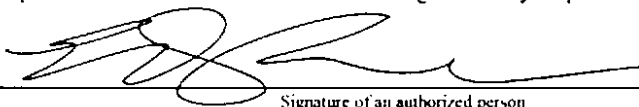
☐ Manager Name: Katie Rao  
☐ Member Address: 5000 Birch Street  
☒ Authorized Suite 3000 West Tower  
Person Newport Beach, CA 92660  
☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ 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.

  
Signature of an authorized person

Eldon Dryden Pence III, Managing Member

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PENCE FINANCIAL 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 TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "PENCE FINANCIAL GROUP LLC" IS A SERIES LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PENCE FINANCIAL GROUP LLC" WAS FORMED ON THE SEVENTH DAY OF DECEMBER, A.D. 2018.

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



  
Jeffrey W. Bullock, Secretary of State

7183113 8300E

SR# 20234351633

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204924884

Date: 12-28-23