

M240000001742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

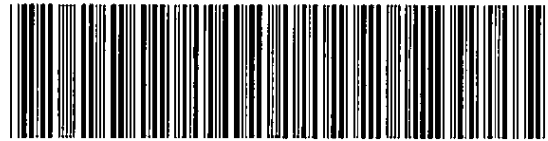
(Document Number)

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

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2024 FEB 13 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 11, 2024

MICHELE STILLWELL  
1440 PINE WARBLER PLACE UNIT 10301  
SARASOTA, FL 34240 US

SUBJECT: STILLWELL FINANCIAL ADVISORS, LLC  
Ref. Number: W24000003590

We have received your document for STILLWELL FINANCIAL ADVISORS, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

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

Ariel Jones  
Regulatory Specialist II

Letter Number: 724A00000693

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Stillwell Financial Advisors, 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:

Michele Stillwell

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

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

1440 Pine Warbler Place Unit 10301

\_\_\_\_\_  
Address

Sarasota, FL 34240

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

stillwell.michele@gmail.com

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

For further information concerning this matter, please call:

Michele Stillwell

732 865-5913  
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. Stillwell Financial 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. New Jersey 3. 47-5317414  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. Stillwell Financial Advisors, LLC 6. 12 Broad Street, Suite 304B  
(Street Address of Principal Office) (Mailing Address)

1440 Pine Warbler Place, Unite 10301

Red Bank, NJ 07701

Lakewood Ranch, FL 34240

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

Name: Voigt Law Group, P.A.

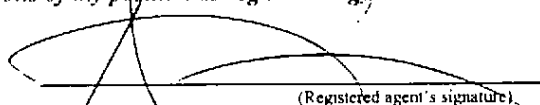
Office Address: 2042 Bee Ridge Road

Sarasota 34239  
\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip code)

**FILED**  
**2024 FEB 13 PM 3:11**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

**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)


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: Jeffrey Stillwell	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 1440 Pine Warbler Place	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	UNIT 10301	<input type="checkbox"/> Authorized	_____
Person	LAKEWOOD RANCH, FL 34240	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Michele Stillwell	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 1440 Pine Warbler Place	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	UNIT 10301	<input type="checkbox"/> Authorized	_____
Person	LAKEWOOD RANCH FL 34240	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.

  
\_\_\_\_\_  
Signature of an authorized person  
Jeffrey Stillwell

\_\_\_\_\_  
Typed or printed name of signee

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

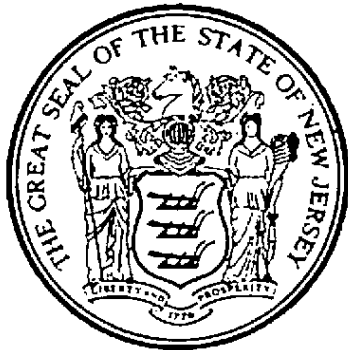
**STILLWELL FINANCIAL ADVISOR'S LLC**  
0450024001

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on October 15, 2015.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

MARTIN D. HAUPTMAN, ESQ  
3 BECKER FARM ROAD  
SUITE 105  
ROSELAND, NJ 07068



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
29th day of January, 2024*

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6150325829

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCerti/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCerti/JSP/Verify_Cert.jsp)