## **Secretary of State**

## Application to Register a Foreign Limited **Liability Company (LLC)**

LLC-5

For Office Use Only

-FILED-

B3158-8004 12/23

File No.: 202465110777 Date Filed: 12/23/2024

## IMPORTANT — Read Instructions before completing this form.

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed. See Instructions.

| Filing Fee - \$70.00  |   |  |   |                                  |       |
|---|---|--|---|----------------------------------|-------|
| Copy Fees - First page \$1.00; each attachment page \$0.50 Certification Fee - \$5.00   | <b>)</b> ;  |  |   |                                  |       |
|   | m \$800 tax to the aformation, go to  |  |   |                                  |       |
| https://www.ftb.ca.gov.   |   |  | Space For Office (  | Jse Only                         |       |
| 1a. LLC Name (Enter the exact name of the LLC as listed on your   | attached Certificate of G   | ood Standing.)   |   |                                  |       |
| Pearl Wealth Group, LLC   |   |  |   |                                  |       |
| 1b. California Alternate Name, if Required (See Instruction   | ons – Only enter an alter   | nate name if the   | LLC name in 1a not ava  | ailable in Cali                  | forni |
|   |   |  |   |                                  |       |
|   |   |  |   |                                  |       |
| 2. LLC History (See Instructions Ensure that the formation date   | e and jurisdiction match  | the attached Cert  | ificate of Good Standing                                      | g.)                              |       |
| a. Date LLC was formed in home jurisdiction (MM/DD/YYYY) b  | Jurisdiction (State, for  | eign country or pl   | ace where this LLC is fo                                      | ormed.)                          | ···   |
| 01 / 01 / 2021  |   | Florida  |   |                                  |       |
| c. Authority Statement (Do not alter Authority Statement)   |   |  |   |                                  |       |
| This LLC currently has powers and privileges to conduct   |   | _  |   |                                  |       |
| This the same may has powers and privileges to conduct  | business in the sta   | e, foreign cou   | intry or place enter  | ed in Item                       | 2b.   |
|   |   |  | <del></del>   |                                  |       |
| 3. Business Addresses (Enter the complete business addres   |   | nnot be a P.O. B   | ox or "in care of" an ind                                     |                                  |       |
| 3. Business Addresses (Enter the complete business addres a. Street Address of Principal Executive Office - Do not enter a P.O. Box   | ses. Items 3a and 3b ca   | nnot be a P.O. B   | ox or "in care of" an ind                                     | ividual or ent                   |       |
| 3. Business Addresses (Enter the complete business addres a Street Address of Principal Executive Office - Do not enter a P.O. Box 10524 GREENCREST DRIVE   | city (no abbrev   | nnot be a P.O. B   | ox or "in care of" an ind                                     | ividual or ent                   |       |
| 3. Business Addresses (Enter the complete business addres a Street Address of Principal Executive Office - Do not enter a P.O. Box 10524 GREENCREST DRIVE   | city (no abbrev   | nnot be a P.O. B   | ox or "in care of" an ind State FL                            | Zip Code<br>33626                |       |
| 3. Business Addresses (Enter the complete business addres a Street Address of Principal Executive Office - Do not enter a P.O. Box 10524 GREENCREST DRIVE b. Street Address of Principal Office in California, if any - Do not enter a P.O.   | city (no abbrev   | nnot be a P.O. B<br>iations)<br>iations)                                   | ox or "in care of" an ind State FL State                      | Zip Code<br>33626                |       |
| 3. Business Addresses (Enter the complete business addres a Street Address of Principal Executive Office - Do not enter a P.O. Box 10524 GREENCREST DRIVE b. Street Address of Principal Office in California, if any - Do not enter a P.o. c. Mailing Address of Principal Executive Office, If different than item 3a 4. Service of Process (Must provide either Individual OR Corpo  | City (no abbrev cration.)   | nnot be a P.O. B<br>lations)<br>lations)                                   | ox or "in care of" an ind State FL State CA State             | Zip Code 33626 Zip Code          |       |
| 3. Business Addresses (Enter the complete business addresses). Street Address of Principal Executive Office - Do not enter a P.O. Box 10524 GREENCREST DRIVE  b. Street Address of Principal Office in California, if any - Do not enter a P.O. C. Mailing Address of Principal Executive Office, if different than item 3a  4. Service of Process (Must provide either Individual OR Corporation). Must include agent  | City (no abbrev cration.)   | nnot be a P.O. B<br>lations)<br>lations)                                   | ox or "in care of" an ind State FL State CA State             | Zip Code 33626 Zip Code          |       |
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| 3. Business Addresses (Enter the complete business addres a. Street Address of Principal Executive Office - Do not enter a P.O. Box 10524 GREENCREST DRIVE b. Street Address of Principal Office in California, if any - Do not enter a P.o. c. Mailing Address of Principal Executive Office, If different than item 3a 4. Service of Process (Must provide either Individual OR Corporation) INDIVIDUAL - Complete Items 4a and 4b only. Must include ager a. California Agent's First Name (if agent is not a corporation)   | City (no abbrev oration.) Middle Name   | nnot be a P.O. Biations) iations) iations) inia street addres              | ox or "in care of" an ind State FL State CA State             | Zip Code 33626 Zip Code Zip Code | ity.) |
| 3. Business Addresses (Enter the complete business addres a. Street Address of Principal Executive Office - Do not enter a P.O. Box 10524 GREENCREST DRIVE b. Street Address of Principal Office in California, if any - Do not enter a P.o. c. Mailing Address of Principal Executive Office, If different than item 3a  4. Service of Process (Must provide either Individual OR Corporation) INDIVIDUAL - Complete Items 4a and 4b only. Must include ager a. California Agent's First Name (if agent is not a corporation)  | City (no abbreventation.)  City (no abbreventation.)  City (no abbreventation.)  Middle Name  City (no abbreventation.)   | nnot be a P.O. Biations) iations) iations) inia street addres La           | ox or "in care of" an ind State FL State CA State State State | Zip Code 33626 Zip Code Zip Code | ity.) |
| <ol> <li>Business Addresses (Enter the complete business addres a. Street Address of Principal Executive Office - Do not enter a P.O. Box 10524 GREENCREST DRIVE</li> <li>b. Street Address of Principal Office in California, if any - Do not enter a P.O. C. Mailing Address of Principal Executive Office, If different than item 3a</li> <li>Service of Process (Must provide either Individual OR Corporation)</li> <li>b. Street Address First Name (if agent is not a corporation)</li> <li>b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box</li> </ol> | City (no abbreventage)  Middle Name  City (no abbreventage)  City (no abbreventage) | nnot be a P.O. B iations) iations) iations) inia street addres La iations) | ox or "in care of" an ind State FL State CA State State State | Zip Code 33626 Zip Code Zip Code | ity.) |

5. Read and Sign Below (See Instructions. Title not required.)

I am authorized to sign on behalf of the foreign LLC.

Signature

Type or Print Name

William A Blackston

## State of Florida Department of State

I certify from the records of this office that PEARL WEALTH GROUP, LLC is a limited liability company organized under the laws of the State of Florida, filed on October 26, 2020, effective January 1, 2021.

The document number of this limited liability company is L20000340076.

I further certify that said limited liability company has paid all fees due this office through December 31, 2024, that its most recent annual report was filed on February 1, 2024, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Seventeenth day of July, 2024



Secretary of State

Tracking Number: 5850498896CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication