

JUN 16 2016

MAY 09 2016

FILE NO. R20907218

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DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

APPLICATION FOR REGISTRATION OF FOREIGN LIMITED LIABILITY COMPANY

Please read Instructions L025I

1. **ENTITY TYPE - check only one** to indicate the type of entity applying for registration:

☒ LIMITED LIABILITY COMPANY

☐ PROFESSIONAL LIMITED LIABILITY COMPANY

2. **NAME IN STATE OR COUNTRY OF FORMATION (FOREIGN NAME)** - enter the exact, true name of the foreign LLC:

Public Trust Advisors, LLC

3. **NAME TO BE USED IN ARIZONA (ENTITY NAME)** - identify the name the foreign LLC will use in Arizona by checking 3.1 or 3.2 (check only one), and follow instructions:

3.1 ☐ **Name in state or country of formation**, with no changes or additions - go to number 4 and continue.

3.2 ☒ **Fictitious name** - check this if the foreign LLC's name in its state or country of formation is not available for use in Arizona or if that name does not contain an LLC identifier, and enter the name in number 3.3 below. **NOTE** - a resolution of the company adopting the fictitious name must be attached to and submitted with this form.

3.3 **If you checked 3.2**, enter or print the name to be used in Arizona:

PT Advisors, LLC

4. **PROFESSIONAL LIMITED LIABILITY COMPANY SERVICES** - if professional LLC is checked in number 1 above, describe the professional services that the professional LLC will provide (examples: law firm, accounting, medical):

5. **FOREIGN DOMICILE** - list the state or country in which the foreign LLC was formed:

Colorado

6. **DATE OF FORMATION IN FOREIGN DOMICILE:** 9/22/2011

7. **PURPOSE OR GENERAL CHARACTER OF BUSINESS** - describe or state the purpose of the foreign LLC or the general character of the business it proposes to transact in Arizona:

Fixed Income Investment Management Services

8. STATUTORY AGENT IN ARIZONA:					
8.1 REQUIRED – give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the statutory agent:			8.2 OPTIONAL – Mailing address in Arizona of statutory agent, if different from street address (can be a P.O. Box):		
CT Corporation System					
Statutory Agent Name (required)					
Attention (optional) 2390 East Camelback Rd			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)		AZ	85016	Address 2 (optional)	
City	Phoenix	State	Zip	City	State Zip
8.3 REQUIRED – the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with this Application For Registration.					

- 9. PRINCIPAL OFFICE ADDRESS - FOREIGN DOMICILE STREET ADDRESS** – *see Instructions L025i* – give the **physical or street address** (not a P. O. Box) of the foreign LLC required to be maintained in its state of organization, or, if not so required, of the foreign LLC's statutory agent in its state or country of organization:

Randy Palomba		
Attention (optional)		
Public Trust Advisors, LLC / PT Advisors, LLC		
Address 1		
717 17th St. Suite 1850		
Address 2 (optional)		
Denver	CO	80202
City	State or Province	Zip
Country	UNITED STATES	

10. OPTIONAL – ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:

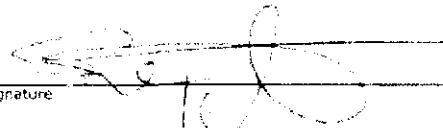
- 10.1** Is the Arizona known place of business street address the same as the **street address** of the statutory agent? ☐ Yes - go to the next page and continue.
☐ No - complete number 10.2 and continue.
- 10.2** If you answered "no" to number 10.1, give the physical or street address (not a P.O. Box) of the known place of business of the LLC in Arizona:

Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country		

COMPLETE NUMBER 11 OR NUMBER 12 – NOT BOTH.

- 11. MANAGER-MANAGED LLC** – see *Instructions L025i* – check this box ☒ if management of the LLC is vested in a manager or managers, and complete and attach the Manager Structure Attachment form L040. *The filing will be rejected if it is submitted without the attachment.*
- 12. MEMBER-MANAGED LLC** – see *Instructions L025i* – check this box ☐ if management of the LLC is reserved to the members, and complete and attach the Member Structure Attachment form L041. *The filing will be rejected if it is submitted without the attachment.*
- 13. SIGNATURE:** By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT


Signature

Steve Dixon, Vice President
Printed Name

6/15/2016
Date

REQUIRED – check only one and fill in the corresponding blank if signing for an entity:

☒ I am the individual **Manager** of this manager-managed LLC or I am signing for an **entity manager** named:

☐ I am a **Member** of this member-managed LLC or I am signing for an **entity member** named:

☐ I am a duly **authorized agent** for this LLC.

Filing Fee: \$150.00 (regular processing)
Expedited processing – add \$35.00 to filing fee.
All fees are nonrefundable – see Instructions.

Mail: Arizona Corporation Commission – Corporate Filings Section
1300 W. Washington St., Phoenix, Arizona 85007
Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.
All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection.
If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.



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STATUTORY AGENT ACCEPTANCE

Please read Instructions M002I

1. **ENTITY NAME** – give the **exact** name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Article of Incorporation):

Public Trust Advisors, LLC

2. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). **NOTE** - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

C T Corporation System

3. STATUTORY AGENT SIGNATURE:

By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

The person signing below declares and certifies *under penalty of perjury* that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.


Signature

Sean McDermott
Vice President

Printed Name

6/8/16

Date

REQUIRED – check only one:



Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent.



Entity as statutory agent: I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.

Filing Fee: none (regular processing)
Expedited processing – not applicable.
All fees are nonrefundable – see Instructions.

Mail: Arizona Corporation Commission - Corporate Filings Section
1300 W. Washington St., Phoenix, Arizona 85007
Fax: 602-542-4100

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MANAGER STRUCTURE ATTACHMENT

1. **ENTITY NAME** – give the exact name of the LLC (foreign LLCs – give name in domicile state or country):
Public Trust Advisors, LLC

2. **A.C.C. FILE NUMBER** (if known): _____
Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

3. **MANAGERS / MEMBERS** – give the name and address of each and every **manager** and list all **members who own 20% or more** of the profits or capital of the LLC. **Use one block per person.** Members who own less than 20% may also be listed, but it is not required. Check the appropriate box or boxes below each person listed - *do not check both member boxes*. If more space is needed, use another Manager Structure Attachment form.

1. Public Trust Advisors, LLC Name 717 17th St. Suite 1850 Address 1 Address 2 (optional) Denver CO 80202 City State or Province Zip UNITED STATES Country ☐ 20% or more member ☒ Manager ☐ Less than 20% member	2. Public Trust Advisors, LLC Name 717 17th St. Suite 1850 Address 1 Address 2 (optional) Denver CO 80202 City State or Province Zip UNITED STATES Country ☒ 20% or more member ☐ Manager ☐ Less than 20% member
3. Name Address 1 Address 2 (optional) City State or Province Zip UNITED STATES Country ☐ 20% or more member ☐ Manager ☐ Less than 20% member	4. Name Address 1 Address 2 (optional) City State or Province Zip UNITED STATES Country ☐ 20% or more member ☐ Manager ☐ Less than 20% member
5. Name Address 1 Address 2 (optional) City State or Province Zip UNITED STATES Country ☐ 20% or more member ☐ Manager ☐ Less than 20% member	6. Name Address 1 Address 2 (optional) City State or Province Zip UNITED STATES Country ☐ 20% or more member ☐ Manager ☐ Less than 20% member



717 17th Street, Suite 1850
Denver, CO 80202

303-295-0777 TEL
303-292-3492 FAX

855-395-3954 TFREE
www.publictrustadvisors.com

**CORPORATE RESOLUTION OF THE MANAGING PARTNERS
AUTHORIZING THE USE OF PT ADVISORS, LLC**

WHEREAS, June 15, 2016, the managing partners of Public Trust Advisors, LLC have met and determined the following:

BE IT RESOLVED, June 15, 2016, that this document serves as a statement of attestation that Public Trust Advisors, LLC has authorized the use of PT Advisors, LLC when doing business in the State of Arizona.

At this point in time, the following officer affirms:

A handwritten signature in cursive script that reads "Chris DeBow".

Chris DeBow, Secretary
Public Trust Advisors, LLC

Affirmed this 15th day of June, 2016

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Public Trust Advisors, LLC

is a

Limited Liability Company

formed or registered on 09/22/2011 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20111531724 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/02/2016 that have been posted, and by documents delivered to this office electronically through 06/06/2016 @ 11:25:47 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 06/06/2016 @ 11:25:47 in accordance with applicable law. This certificate is assigned Confirmation Number 9682866 .



Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



ARIZONA DEPARTMENT OF FINANCIAL INSTITUTIONS

Robert D. Charlton
Superintendent

Douglas A. Ducey
Governor

June 8, 2016

Mr. Steve Dixon
Vice President, Compliance and Business Operations
Public Trust Advisors, LLC
717 17th Street, Suite 1850
Denver, CO 80202

Reference: Request of reconsideration for a business name approval to use the word "trust" in the State of Arizona for a company name. Proposed name "Public Trust Advisors, LLC"

Dear Mr. Dixon:

The Arizona Department of Financial Institutions ("AZDFI") has reviewed your request for permission to use the name "Public Trust Advisors, LLC" in order to register with the Arizona Corporation Commission.

Based on the information provided, AZDFI continues the **objection** to the use of "trust" in your company's name because A.R.S. § 6-867 prohibits the use of the word "trust" in a business name unless the company has authority to engage in the trust business, as a trust company authorized under Title 6, Chapter 8.

Therefore, AZDFI hereby issues its objection to the use of the name "Public Trust Advisors, LLC" as described by your request. Although you have indicated no interest in conducting business as a trust company in Arizona, the business name "Public Trust Advisors, LLC" could be easily misunderstood. Another alternatives may be to establish a doing business as name for your company's investment advisor business in Arizona.

If you have any questions, please do not hesitate to contact me at 602-771-2780 or Mila Bordelon at 602-771-2816 or mbordelon@azdfi.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "TUS", is placed below the word "Sincerely,".

Tamilee U. Smull
Financial Institutions Division Manager

TUS:mb

COMMISSIONERS
DOUG LITTLE - Chairman
BOB STUMP
BOB BURNS
TOM FORESE
ANDY TOBIN



JODI JERICH
Executive Director

PATRICIA L. BARFIELD
Director
Corporations Division

ARIZONA CORPORATION COMMISSION

PUBLIC TRUST ADVISORS, LLC
CT CORPORATION SYSTEM
% SEAN MCDERMOTT
2390 EAST CAMELBACK ROAD
PHOENIX, AZ 85016

Effective Date: 06/06/2016
File No: R-2090721-8

We have received a document submission for the above-referenced entity. If an acceptable form of payment for the correct filing fee was received, it has been deposited and is nonrefundable pursuant to statute, unless otherwise noted below. The document is **REJECTED** and is being returned for the following reasons:

Entity name includes the word 'trust', therefore requires a written approval from the Arizona Department of Financial Institution before registration is allowed.

Entity name must be consistent throughout all documents submitted. Good standing with true name is required. Do not submit certificate with fictitious name.

Statutory agent name given must be consistent throughout all documents submitted. Articles of Organization not required.

IMPORTANT INFORMATION:

Follow the instructions below to resubmit your document. If you originally paid for expedited processing, the resubmitted document will be processed within the current posted expedited time frame after we receive the resubmission, and no additional fees are owed. If you originally paid for regular processing time, the resubmitted document will be processed within the current posted regular time frame after we receive the resubmission, and no additional fees are owed. If you want to upgrade from regular processing to expedited processing, then you can pay the \$35.00 expedite fee when you resubmit the document.

Please Note: Companies must return the corrected document within thirty (30) calendar days of the rejection date to retain the original file date.

Return the following information to the Corporations Division (all pages must be legible):

1. A copy of this letter;

2. All pages of the rejected document with corrections OR a complete, signed, corrected document;
3. A NEW cover sheet indicating resubmission; and
4. Any additional paperwork or filing fees, as requested within this letter.

If you do not owe any additional fees or are paying by MOD account you can email your resubmission packet as a pdf document attachment to documentintake@azcc.gov.

If you have any questions, please feel free to contact the Customer Service Call Center at 602-542-3026, or Arizona residents only may use the toll free number 800-345-5819.

TO SUBSCRIBE TO THE ANNUAL REPORT EMAIL REMINDER SERVICE, GO ONLINE TO <http://ecorp.azcc.gov>. USE THE SERVICE FEATURE AND SELECT "SUBSCRIBE TO EMAIL REMINDER TO FILE ANNUAL REPORT." YOU CAN ALSO SUBSCRIBE USING THE SEARCH FEATURE TO FIND YOUR CORPORATION'S RECORD, THEN CLICK ON THE BUTTON FOR "ANNUAL REPORT EMAIL REMINDERS." IF YOU CHOOSE NOT TO SUBSCRIBE, YOU WILL NOT RECEIVE ANY REMINDER AT ALL FROM THE COMMISSION.

Tell us how we are doing. Take the online customer service survey at www.azcc.gov/divisions/Corporations.

RECEIVED

JUN 16 2016

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

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ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

COVER SHEET

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT

1. WHAT ARE YOU FILING?

☐ New Entity ☐ Change to existing entity ☒ Re-submission/Correction

2. ENTITY NAME:

PT Advisors, LLC

3. CALCULATE YOUR FEES (copies, certificate of good standing and expedited processing are all optional):

Document filing fee (fees are listed on the bottom of the form or on the fee schedule)	Subtotal:	\$150.00
Do you want EXPEDITED processing? ☐ YES ☒ NO If YES, add \$35.00	Subtotal:	
☐ Corporation certified copies \$ 5.00 each x (enter number of copies requested)	Subtotal:	
☐ LLC certified copies \$10.00 each x (enter number of copies requested)	Subtotal:	
☒ Certificate of Good Standing \$10.00 each x 1 (enter number of copies requested)	Subtotal:	\$10.00
TOTAL YOUR AMOUNT OWED	TOTAL AMOUNT DUE:	\$160.00

Please reference File # R20907218 for payment

4. PAYMENT METHOD:

☐ MOD Account #

Cash - do not mail cash. Cash may be used only for in-person submittals.

Checks or money orders - must be made payable to "Arizona Corporation Commission," with all words spelled out and no abbreviations. Checks must be completely and properly filled out, including the amount sections. UNACCEPTABLE CHECKS include: no imprinted or preprinted name and address of the account holder; no imprinted or preprinted check number; handwritten or stamped names, addresses, or check numbers; temporary checks (new accounts).

Credit cards - may be used for in-person submittals, and for online corporation annual reports, online name reservations, or online certificates of good standing. We accept only Visa, MasterCard, and American Express.

5. REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):

☒ Email	Email address: steve.dixon@publictrustadvisors.com		
☐ Pick up	Name:	Phone:	
☐ Mail	Name:		
	Address:		
	City:	State:	Zip:
	Phone:		

DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK)

FOR ARIZONA CORPORATION COMMISSION USE ONLY

PICK-UP BY: _____ **DATE:** _____

View current processing times at: www.azcc.gov/Divisions/Corporations/document-processing-times.pdf

