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(Re	equestor's Name)	
(Ac	Idress)	
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(Ci	ty/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Dc	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

ALLAHASSEF FIGURE

### **COVER LETTER**

TO: New Filing Section Division of Corporations			
SUBJECT: Retirement Plan Consultants, Inc.			
. (Name of corporation - must include suffix)	_		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation transact business in Florida.	to		
Please return all correspondence concerning this matter to the following:			
Sheryl C. Hughes, Director, Registration & Licensing Services			
(Name of Person)			
RegEd, Inc.			
(Firm/Company)			
2100 Gateway Centre, Suite 200			
(Address)			
Morrisville, NC 27560			
(City/State and Zip code)	_		
For further information concerning this matter, please call:			
Sheryl C. Hughes at (_919 _) 653-5292			
(Name of Person) (Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
New Filing Section  Division of Corporations  New Filing Section  Division of Corporations			
Clifton Building P.O. Box 6327			
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301			
Enclosed is a check for the following amount:			
\$70.00 Filing Fee \$\sum \text{\$78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status}\$\$ Certified Copy \$\$ Certified Copy	ıs &		

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting b	usiness in Florida)
TN (State of country)	under the law of which it is incorporated)	(FEI number, if applica	1.1.3
10/03/19			
•	of incorporation) 5	Perpetual (Duration: Year corp. will cease to exi	ist or "normatual")
	or moorporation)	(Duration. Tear corp. with cease to ex-	ist of perpetual)
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
8320 E. \	Walker Springs Ln., Ste		92 <b>3</b>
0	(Principal office ad	dress)	
Same	(Current mailing ad		
(Purpose(s	OCT SEP ARTY ADMINISTR of corporation authorized in home state or out address of Florida registered agent: (P.	country to be carried out in state of Florida	a) 26 06
Name:	Corporation Service Compan	У	
Office Address:	1201 Hays Street		121 TARY ASSER
	Tallahassee	, Florida _ 32301	PM I2: 30 OF STATE E. FLORID
<b></b>	(City)	, Florida 32301 (Zip code)	STA LOR
	(City)		
0. Registered ag	ent's acceptance: ed as registered agent and to accept serv	decorrect of the second	1.5

11. Attached is a certificate of existence duty authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: Tim D. Sykes
6322 Deahe Hill Druve
Knoxville, TN 37919
Vice Chairman:
Address:
Director: Kyla Keck
8320 E. Walker Springs Ln., Suite 101
Knoxville, TN 37923
Director:
Address:
B. OFFICERS
President: Sean G. King
Address: 6322 Deane Hill Drive
Knoxville, TN 37919
Vice President:
Address:
, , , , , , , , , , , , , , , , , , ,
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13
(Signature of Director or Officer listed in number 12 of the application)
Tim D. Sykes
(Typed or printed name and capacity of person signing application)

## **Secretary of State Division of Business Services**

312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

61 HIGHWAY 100 NASHVILLE, TN 37221 ISSUANCE DATE: 11/16/2006 REQUEST NUMBER: 06320100 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 10/03/1996 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0319028 JURISDICTION: TENNESSEE

REQUESTED BY: CFS 8161 HIGHWAY 100 ÑAŚĦVILLE, TN 37221

#### CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "RETIREMENT PLAN CONSULTANTS, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID; THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

NPITAL FILING SERVICE (CFS)

NASHVILLE, TN 37221-0000

ON DATE: 11/16/06

RECEIVED:

FEES \$180.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$180.00

RECEIPT NUMBER: 00004050452 ACCOUNT NUMBER: 00101230

My C Danull