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COVER LETTER

TO: New Filing Se Division of C				
SURTECT: Aver	nir Financial Group	, Inc.		
		ation - must include suffix	, , , , , , , , , , , , , , , , , , ,	
Dear Sir or Madam:				
"Certificate of Exister		for Authorization to Transac Standing" and check are sub- usiness in Florida.		
Please return all corre	spondence concerning this m	atter to the following:		
Michael Cleme	ents			
	Nam	e of Person		
Avenir Financ	ial Group, Inc.			
	Firm/	Сотралу		
4348 Mariners	s Cove Dr.			
	A	Address		
Wellington, FL	33449			
		ate and Zip code		
david.a.allen@liv	ve.com	·		
		sed for future annual report n	otification)	
For further information	n concerning this matter, plea	ase call:	SECRETARY TALLAHASSE	
David Allen	at (55°	1 , 208-9436	APR	
		rea Code & Daytime Telepho	ne Number	
			PR I B AM I I I I I I I I I I I I I I I I I I	
STREET/COURIER ADDRESS: MAILING ADDRESS: New Filing Section New Filing Section				
New Filing Section Division of Corporations		New Filing Section >		
Clifton Building		P.O. Box 6327		
2661 Executive Center Circle		Tallahassee, FL 32314		
Tallahassee, F	L 32301			
Enclosed is a check fo	r the following amount:			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	

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.

	lable in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting busin	ness in Florida)
Wyoming		3.	
State or country	under the law of which it is incorporated)	3(FEI number, if applicable))
July 21, 20		5. Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist of	or "perpetual")
		s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)	
1348 Marin	ers Cove Dr., Wellington, FL	,	
1040 IVIAITII	(Principal office ac		
1348 Marii	ners Cove Dr., Wellington, I	,	
TO TO STILL	(Current mailing ac		
	holding company s) of corporation authorized in home state or	country to be carried out in state of Florida)	A S
Name and stree	et address of Florida registered agent: (P.	.O. Box <u>NOT</u> acceptable)	BIII APR SECRETA FALLAHAS
Name:	Michael Clements		ARY SSE
ice Address:	4348 Mariners Cove Dr.	•	MG P
			PLONID
	(City)	(Zip code)	Dr. G
HOU (HALL COO,		, Florida 33449 (Zip code)	ETARY OF STATE AT THE ACTION OF ACTIO

11. Attached is a certificate of existence duly 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: Michael Clements
Address: 4348 Mariners Cove Dr.
Wellington, FL 33449
Vice Chairman: David Allen
Address: PO Box 556
Bethel, VT 05032
Director:
Address:
Director:
Address:
B. OFFICERS
President: Michael Clements
Address: 4348 Mariners Cove Dr.
Wellington, FL 33449
Vice President: David Allen
Address: PO Box 556
Bethel, VT 05032
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 The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein
are true and that he or she is aware that 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.
14. Michael Clements

(Typed or printed name and capacity of person signing application)

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Avenir Financial Group, Inc.

is a **Profit Corporation**

formed or qualified under the laws of Wyoming did on **July 21, 2010**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2010-000587573**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 12th day of April, 2011 at 9:41 AM. This certificate is assigned 009739632.



May Massia Secretary of State

SECRETARY OF STATE

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.