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TALLAHASSEE, FLORIDA

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MAY 24 2016
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RKNL Financial Group, 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," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jeffrey Shaner
Name of Person
RKNL Financial Group, Inc.
Firm/Company
1516 S. Congress Ave Suite 103
Address
Delray Beach FL 33445
City/State and Zip code
rknlfincancial@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeff Shaner at (201) 417-2222
Name of Person Area Code Daytime Telephone Number

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STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for 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.

1. RKNL Financial Group, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey (State or country under the law of which it is incorporated) 3. 45-4248139 (FEI number, if applicable)

4. 12/14/11 (Date of incorporation) 5. (Date of duration, if other than perpetual)

6. May 1 2016 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1615 S. Congress Ave Suite 103 Delray Beach FL 33445 (Principal office address)

(Current mailing address, if different)

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

Name: Jeff Shaner Office Address: 1615 S. Congress Ave #103 Delray Beach, Florida 33445 (City) (Zip code)

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9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. 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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Jeffrey Shaner
Address: 1615 S. Congress Ave #103
Delroy Beach FL 33445

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: Jeffrey Shaner
Address: 1615 S. Congress Ave #103
Delroy Beach FL 33445

Vice President: _____
Address: _____

Secretary: Jeffrey Shaner
Address: 1615 S. Congress Ave #103 Delroy Beach FL
33445

Treasurer: _____
Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Jeffrey Shaner
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Jeffrey Shaner President
(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

RKNL FINANCIAL GROUP, INC.
0101019274

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on December 14, 2011.

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:

ROBERT COSGROVE
1120 BLOOMFIELD AVENUE
WEST CALDWELL, NJ 07007

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on October 06, 2015.

PRESIDENT

JEFFREY R SHANER
1615 S CONGRESS AVE
SUITE 103
DELRAY BEACH, FL 33445

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TALLAHASSEE, FLORIDA

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**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

**RKNL FINANCIAL GROUP, INC.
0101019274**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
19th day of May, 2016*

*Ford M. Scudder
Acting State Treasurer*

Certificate Number : 6071702666

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/ISP/Verify_Cert.jsp