P/3000/00/6

(Req	uestor's Name)				
(Addi	ress)	-			
(Addı	ress)				
(City/	State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					
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Office Use Only



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COVER LETTER

TO: **New Filing Section Division of Corporations**

The Hedge Strategy, Incorporated

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:

Scott L. Pearlstone	
	Name of Person
The Hedge Strategy, Incor	porated
	Firm/Company
671 SW Long Lake Ct.	
	Address
Palm City, FL 34990	
Ci	ty/State and Zip code
hedgstrat@gmail.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matte	er, please call:

Scott L. Pearlstone Area Code & Daytime Telephone Number Name of Person

STREET/COURIER ADDRESS:

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

MAILING ADDRESS:

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a check for the following amount:

3 \$78.75 Filing Fee & **□** \$78.75 Filing Fee & □ \$87.50 Filing Fee, ■ \$70.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy 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.

	rporation; must include "INCORPORATE	ED,	" "COMPANY," "CORPORATION,"	ند ند
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")			75
				# 1878 C
(16	ble in Elevide enter ditempte comprete pa	ma	adopted for the number of transacting business	
	ole in Florida, enter afternate corporate na		adopted for the purpose of transacting business	
Missouri	<u></u>	3.	43-1663668	
,	inder the law of which it is incorporated)		(FEI number, if applicable)	0; O
January 3	3, 1994	5.	perpetual	্য
•	of incorporation)		(Duration: Year corp. will cease to exist or "p	erpetual")
Decembe	er 16, 2013			
•	(Date first transacted busine		n Florida, if prior to registration)	
<u>-</u>	•	7.1	502, F.S., to determine penalty liability)	
422 Hill Tr	ail, Ballwin, MO 63011			
	(Principal office	add	lress)	
671 SW Lo	ong Lake Ct., Palm City, l	FL	. 34990	
	(Current mailing	ado	lress)	
1	mt A duinem.			
•	nt Advisory			
(Purpose(s)	of corporation authorized in home state of	rc	ountry to be carried out in state of Florida)	
Name and stree	t address of Florida registered agent:	(P.	O. Box <u>NOT</u> acceptable)	
	Scott Pearlstone			
Name:				
Office Address:	671 SW Long Lake Ct		·····	
	Palm City		, Florida 34990	
	(City)		(Zip code)	
	• • •		· -	

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)

^{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: Scott Pearlstone Address: 671 SW Long Lake Ct Palm City, FL 34990 Vice Chairman: Address: Address: ____ Director: Address: B. OFFICERS President: ___ Address: _____ Vice President: Secretary: _Jon Pearlstone Address: 49 S. Oak Ave., San Anselmo, CA 94960 Treasurer: _____ Address: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Scott L. Pearlstone, President of The Hedge Strategy, Inc.

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

STATE OF MISSOURI



Jason Kander Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JASON KANDER, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

THE HEDGE STRATEGY, INC. 00389831

was created under the laws of this State on the 3rd day of January, 1994, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 10th day of December, 2013

Secretary of State

Certification Number: 15789794-1 Reference:

Verify this certificate online at https://www.sos.mo.gov/businessentity/soskb/verify.asp