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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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11/14/03--01002--014 **70.00





FLORIDA COMPLIANCE SPECIALISTS, INC.



DAVE TAYLOR, PRESIDENT

2331 Hanson Place

	Voice: (850) 942-5464 Fax: (850) 942-5111 www.floridacompliance.com	Office Use Only
,	ION NAME(S) & DOCUMENT NUMB	
1. Nation	White Financial Gent (Corporation Name) (Doc)	P TVC 6 9 ment #)
2	(Corporation Name) (Docu	ment #)
3	(Corporation Name) (Docu	ment #)
4	(Corporation Name) (Docu	ment #)
☐ Walk in	Pick up time 11-14-03	Certified Copy
Mail out	Will wait Photocopy	Certificate of Status
ŊĔŊŶŦĬĹĬŊĠSĸ	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/ Director	
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHER FILING	REGISTRATION/ QUALIFICATION	
AGUUAL KEDOB		

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
 Foreign
Limited Partnership
Reinstatement
 Trademark
Other

Examiner's Initials		

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA	A STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSAC	
I. NATIONWIDE FINANCIAL (Enter name of corporation; must include "INCORPORAT	GROUP, INC.
(Enter name of corporation; must include "INCORPORAT "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"
ine., Co., Corp., ine, Co, of Corp.)	
NEG leading	TALC
(If name unavailable in Florida, enter alternate corporate na	TNC 3
2. PENDSYLVANIA	3. 34-45/04-84 (FEI number, if applicable)
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4 10/30/02	5. " PERPETUAL"
(Date of incorporation)	5. (Duration: Year corp. will cease to exist or "perpetual")
6. " UPON QUALIFICATI	on "
(Date first transacted business in Florida. If corporation has	s not transacted business in Florida, insert "upon qualification.")
•	1501, 607.1502 and 817.155, F.S.)
7. 940 PA BLUD SUITE	B FEASTERVILLE, PA 19053
(Principal office	address)
	3.1
(Current mailing	address)
8. Mortgage broker (Purpose(s) of corporation authorized in home state of	business
(Purpose(s) of corporation authorized in home state	or country to be carried out in state of Florida)
9. Name and street address of Florida registered age	nt: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Florida Complian o	Sin in line to Take
Office Address: 233/ Hansen Pla	cl
Tallahassee (City)	. Florida 32,30/
(City)	(Zip code)
10. Registered agent's acceptance:	
Having been named as registered agent and to accept s	ervice of process for the above stated corporation at the place
	intment as registered agent and agree to act in this capacity. I
turther agree to comply with the provisions of all statut	tes relative to the proper and complete performance of my dutie

- 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:

and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

A. DIRECTORS		
Chairman: ARTHUR ZHARSKY		
Address: 69 ow mill Lame	940 PA BLUD SUITE B BUSINESS	
tions Holland, PA 18966	PEASTERVILLE, PA 19053	
Vice Chairman: Michael Valshe		
Address: 370 Independ	ence dr 940 PA BLUD SUTEB	
HOME HOLLAND, PA	18966 PEASTERVILLE, PA 19053	
Director:		
Address:	<u> </u>	
	.3	
Director:		
Address:		
B. OFFICERS		
President:		
Address:		
Vice President:		
Address:		
	No.	
Secretary:		
Address:		
Treasurer:	·	
Address:		
NOTE: If necessary, you may attach an addendum to the	e application listing additional officers and/or directors	
\bigcap	e apprication fisting additional officers aid of directors.	
(Signature of Director or Officer listed in	number 12 of the application)	
14. ARTHUR ZHARSKY -	chairman	
(Typed or printed name and capacity of person signing application)		

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

November 03, 2003

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

NATIONWIDE FINANCIAL GROUP, INC

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth