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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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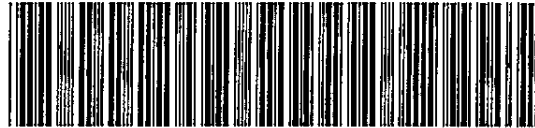
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JUL 30 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fulcrum Whole-Life Planning Services, Inc.
(Name of Corporation – must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Jon Pikel
(Name of Person)

Fulcrum Whole-Life Planning Services, Inc.
(Firm/Company)

2307 Timberlea Drive
(Address)

Woodbury, MN, 55125
(City/State and Zip Code)

For further information concerning this matter, please call:

Jon Pikel at (651) 734-9011
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|--|

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. Fulcrum Whole-Life Planning Services, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. Minnesota

(State or country under the law of which it is incorporated)

3. 90-0186873

(FEI number, if applicable)

4. May 21, 2004

(Date of Incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 2307 Timberlea Drive, Woodbury, MN, 55125

(Principal office address)

2307 Timberlea Drive, Woodbury, MN, 55125

(Current mailing address)

8. Provide whole-life planning services to at risk youth, young adults and adults

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Jon Pikel

Office Address: 2280 Shepard Street # 604

Jacksonville

(City)

Florida 32211

(Zip Code)

10. 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)

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 addresses of officers and/or directors:

A. DIRECTORS

Chairman: Paul O. Johnson

Address: 1077 Sibley Memorial Highway, Unit 403, St. Paul, MN, 55118

Vice Chairman: Dr. Patricia Hedberg

Address: 1021 Lincoln Ave, St. Paul, MN, 55105

Director: L. Edward Knudson

Address: 9508 Wordsworth Ave, Gig Harbor, WA

Director: Jerry Lee

Address: 15805 Holdridge Rd E, Wayzata, MN, 55391

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Jon Pekel

Address: 2307 Timberlea Drive, Woodbury, MN, 55125

Vice President: Phillip Miner

Address: 2307 Timberlea Drive, Woodbury, MN, 55125

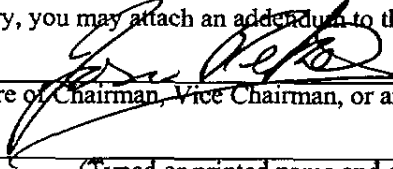
Secretary: TBD

Address: _____

Treasurer: TBD

Address: _____

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

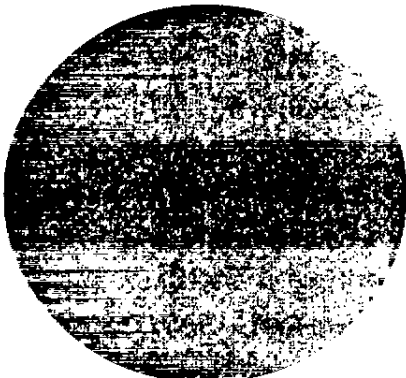
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Fulcrum Whole-Life Planning Services, Inc.

Date Formed: 05/21/2004

Chapter Governed By: 317A

This certificate has been issued on 07/20/04.



Mary Kiffmeyer
Secretary of State.