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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THORSON 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," 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:

STEVE THORSON  
(Name of Person)  
THORSON FINANCIAL GROUP, INC.  
(Firm/Company)  
PO BOX 7796  
(Address)  
NAMES, FL 34101-7796  
(City/State and Zip code)

For further information concerning this matter, please call:

STEVE THORSON at ( 239 ) 774-7232  
(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:

- ☒ \$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

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TALLAHASSEE, FLORIDA

**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. THORSON 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. WASHINGTON 3. 91-1630700  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/27/1994 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 2025 TARPON RD, SUITE 100, NAPLES, FL 34102  
(Principal office address)

PO BOX 7796, NAPLES, FL 34101-7796  
(Current mailing address)

8. BRANCH OFFICE - INVESTMENT ADVISOR  
(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 agent: (P.O. Box NOT acceptable)

Name: STEVE THORSON

Office Address: 2025 TARPON RD

NAPLES, Florida 34102  
(City) (Zip code)

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**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.*

S. Thorson  
(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: STEVE THORSON

Address: 2025 TARPON ROAD  
NAPLES, FL 34102

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: STEVE THORSON

Address: 2025 TARPON ROAD  
NAPLES, FL 34102

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: STEVE THORSON

Address: 2025 TARPON ROAD, NAPLES, FL 34102

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. S. J. THORSON

(Signature of Director or Officer listed in number 12 of the application)

14. STEVE THORSON

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

UNITED STATES OF AMERICA

# The State of Washington



## Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

**THORSON FINANCIAL GROUP, INC.**

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 1/27/1994.

I FURTHER CERTIFY that as of the date of this certificate, THORSON FINANCIAL GROUP, INC. remains active and has complied with the filing requirements of this office.

Date: September 22, 2004

UBI: 601-524-139



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State