# F06000004381

(Re	questor's Name)	· ·
(Ad	dress)	•
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
No cos	<b>Y</b>	
	Office Use Or	



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65 JUN 26 AM 8: 52

SECRETARISE FLORIDA



June 22, 2006

New Filing Section Division of Corporations PO Box 5327 Tallahassee, FL 32314

RE: Application for Certificate of Authority for Non-Resident Kalos Financial, Inc.

To whom it may concern:

Please find enclosed the executed Application for Certificate of Authority, Certificate of Existence, Cover Letter and appropriate fees for the Non-Resident Certificate of Authority for Kalos Financial, Inc.

Included is a return FedEx waybill for your convenience.

If you have any further questions, please feel free to contact me.

Sincerely,

Melodee Phagan Licensing

7 sales

Kalos Financial, Inc

Parkside Terrace West 3780 Mansell Road, Suite 150 Alpharetta, Georgia 30022

Phone: 678.356.1100 Facsimile: 678.356.1105

Securities offered through Kalos Capital, Inc

Investment Advisory Services offered through Kalos Management, Inc

ClientServices@KalosFinancial.com www.KalosFinancial.com

# FILED 06 JUN 26 AH 8: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### **COVER LETTER**

• • • •

TO: New Filing Section	TOOLE, FLORIDA
Division of Corporations	
SUBJECT: Kalos Financial, Inc.	
(Name of corporat	ion - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation fo "Certificate of Existence," and check are submitted to transact business in Florida.	
Please return all correspondence concerning this matter	er to the following:
Melodee Phagan	
(Name o	of Person)
Kalos Financial, Inc.	
(Firm/C	Company)
3780 Mansell Rd, Ste 150	
·	dress)
Alpharetta, GA 30022	
(City/State	e and Zip code)
For further information concerning this matter, please	call:
Melodee Phagan at ( 678	<sub>3</sub> 356-1100
	Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations	MAILING ADDRESS: New Filing Section Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	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 & \$87.50 Filing Fee, Certified Copy 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.	Kalos Financial, Inc.							
		orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	)," "(	COMPANY," "CORPORATION,"				
				,	u <del></del>			
		name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)						
	Georgia		5	8-2650233		-		
	•	under the law of which it is incorporated)		(FE) number, if applicable)	<b>F</b> 20 5	ก		
4.	08/30/200			erpetual	Ec. S			
	(Date	of incorporation)	(D	furation: Year corp. will cease to exist or "perp	etual 1	IIIN 26		
6.					<u> </u>			
		(Date first transacted business		orida, if prior to registration) F.S., to determine penalty liability)	11.0g	7		
	2780 Mans			* * *,		8: 52		
7.	37 OU WAITS	sell Rd, Ste 150, Alpharetta (Principal office ac				2		
	cama	(Principal office at	iq <b>res</b> s	)				
	same	(C	14					
(Current mailing address)								
8.	Kalos Financia	al, Inc. specializes in the marketing and	i sale	e of insurance products to qualified and s	uitable investo	ors.		
ο.		) of corporation authorized in home state or			<del></del>			
9.	Name and stree	nt address of Florida registered agent: (P	O.B	ox NOT acceptable)				
		NRAI Services, Inc.						
	Name:	1417Al Delvices, IIIc.		_				
O	Office Address: 2731 Executive Park Drive, Ste 4							
		Weston		Florida 33331				
		(City)		, Florida 33331 (Zip code)				
H	aving heen nam	gent's acceptance: ed as registered agent and to accept ser application. I hereby accept the appoin	vice o	of process for the ahove stated corporation t as registered agent and agree to act in th	at the place			
fu	rther agree to co	omply with the provisions of all statutes with and accept the obligations of my p	relat	live to the proper and complete performan	ce of my dutie.	'S <sub>f</sub>		
			112	019/0				

Lisa Reeves, Assistant Secretary
(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:	, FILED	
A. DIRECTORS	06 JUN 26 AM 8: 52	
Chairman: Daniel L. Wildermuth		
Address: 3780 Mansell Rd, Ste 150	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Alpharetta, GA 30022	-	
Vice Chairman: Carol J. Wildermuth		
Address: 3780 Mansell Rd, Ste 150		
Alpharetta, GA 30022		
Director:		
Address:		
Director:		
Address:		
B. OFFICERS		
President: Daniel L. Wildermuth		
Address: 3780 Mansell Rd, Ste 150		
Alpharetta, GA 30022		
Vice President: Carol J. Wildermuth		
Address: 3780 Mansell Rd, Ste 150		
Alpharetta, GA 30022		
Secretary: Carol J. Wildermuth		
Address: 3780 Mansell Rd, Ste 150, Alpharetta, GA 30022		
Treasurer: Carol J. Wildermuth		
Address: 3780 Mansell Rd, Ste 150,Alpharetta, GA 30022		
NOTE: If necessary, you may attach an addendum to the application listing additional	al officers and/or directors.	
13. (Signature of Director or Officer listed in number 12 of the app	lication)	
Carol J. Wildermuth	···-··································	

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

Control No. 0139703

## STATE OF GEORGIA

### Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

I, Cathy Cox, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### KALOS FINANCIAL, INC.

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 08/30/2001 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 18th day of May, 2006

Cathy Cox Secretary of State

Certification Number: 57053-5 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp