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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CD. 1-28

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TRUSTED FINANCIAL SERVICES, INC. DBA LIBERTY LENDING CONSULTANTS, 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:

JASON EMERSON
(Name of Person)
LIBERTY LENDING CONSULTANTS, INC.
(Firm/Company)
2283 ADMINISTRATION DR.
(Address)
ST LOUIS MO 63106
(City/State and Zip code)

For further information concerning this matter, please call:

JASON EMERSON at (314) 220-2984
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, 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:

- ☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2008

JASON EMERSON / LIBERTY LENDING CONSULTANTS
2288 ADMINISTRATION DR.
ST. LOUIS, MO 63146

SUBJECT: TRUSTED FINANCIAL SERVICES, INC. DBA LIBERTY LENDING
CONSULTANTS
Ref. Number: W08000002922

We have received your document for TRUSTED FINANCIAL SERVICES, INC. DBA LIBERTY LENDING CONSULTANTS and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 908A00003826

**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. TRUSTED FINANCIAL SERVICES, 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. Missouri 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/10/07 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 2288 ADMINISTRATION DR ST LOUIS MO 63146
(Principal office address)

2288 ADMINISTRATION DR ST. LOUIS MO 63146
(Current mailing address)

8. Mtg Broker
(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: JAMES STAHSCHMIDT

Office Address: 15148 NIGHTHAWK DR

TAMPA FL 33625, Florida _____
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

James Stahschmidt
(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:

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2008 JAN 24 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: JASON EMERSON

Address: 2534 TRENTON STATION

ST CHARLES, MO 63303

Vice Chairman: STEVE SWAN

Address: 5103 HAYSTON CT

ST CHARLES, MO 63304

Director: DOUG STAHLSCHMIDT

Address: 1218 C CREVE COEUR CROSSING

CHESTERFIELD MO 63017

Director: _____

Address: _____

B. OFFICERS

President: JASON EMERSON

Address: 2534 TRENTON STATION

ST CHARLES MO 63303

Vice President: STEVE SWAN

Address: 5103 HAYSTON CT

ST CHARLES MO 63304

Secretary: DOUG STAHLSCHMIDT

Address: 1218 C CREVE COEUR CROSSING, CHESTERFIELD MO 63017

Treasurer: _____

Address: _____

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

13. Jason Emerson, president
(Signature of Director or Officer listed in number 12 of the application)

14. Doug Stahl Schmidt Secretary
(Typed or printed name and capacity of person signing application)

STATE OF MISSOURI



Robin Carnahan
Secretary of State

**CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING**

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

**TRUSTED FINANCIAL SERVICES, INC.
00860341**

was created under the laws of this State on the 10th day of December, 2007, 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 24th day of January, 2008

A handwritten signature in cursive script that reads "Robin Carnahan".

Secretary of State

