F08000002081

• (Re	equestor's Name)
(Ac	idress)
(Ac	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT . MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
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2009 MAY -8 P 12: 2:
SECRETARY OF STATE

MAY - 8 2018 D. A. WHITE

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Pension Planners Securities, 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 ail correspondence concerning this matter to the following:
William Barker
(Name of Person)
Pension Planners Securities, Inc.
(Firm/Company)
9700 Business Park Drive Suite 102
(Address) Sacramento CA 95827
. (City/State and Zip code)
For further information concerning this matter, please call:
William Barker at (916) 362-4107
(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 & \$78.75 Filing Fee & Certificate of Status Certified Copy \$87.50 Filing Fee, Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 1, 2008

WILLIAM BARKER
PENSION PLANNERS SECURITIES, INC.
9700 BUSINESS PARK DR SUITE 102
SACRAMENTO, CA 95827

SUBJECT: PENSION PLANNERS SECURITIES, INC.

Ref. Number: W08000022056

We have received your document for PENSION PLANNERS SECURITIES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please complete address #7.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Letter Number: 808A00027653

Dale White Regulatory Specialist II

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.

		porate name adopted for the purpose of transacting business in Florida)
2. Californi	a	3.
_	under the law of which it is incorp	_
_{4.} <u>Sept. 29</u>		_{5.} Perpetual
(Dat	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6	(Data Grat transports	d business in Florida, if prior to registration)
		d business in Florida, if prior to registration) 01 & 607.1502, F.S., to determine penalty liability
₇ 556 SW	Prado Ave Port St.	d business in Florida, if prior to registration) 01 & 607.1502, F.S., to determine penalty liability. Lucie F1 34983
/·		al office address)
		101 121 121
	(Current	mailing address)
0 111	CO Market	Trunda Inguranga
	T - AAI PITIAA	
	f Securities, Mutual	
(Purpose(s) of corporation authorized in hom	ne state or country to be carried out in state of Florida)
(Purpose(s) of corporation authorized in hom et address of Florida registered a	
(Purpose(s) of corporation authorized in hom	ne state or country to be carried out in state of Florida)
(Purpose(9. Name and stre Name:	s) of corporation authorized in hom et address of Florida registered a	ne state or country to be carried out in state of Florida) agent: (P.O. Box NOT acceptable)
(Purpose(9. Name and stre Name:	s) of corporation authorized in hom et address of Florida registered a Edo Smidtsrod 556 SW Prado Av	ne state or country to be carried out in state of Florida) agent: (P.O. Box NOT acceptable)
(Purpose(9. Name and stre Name:	et address of Florida registered a Edo Smidtsrod 556 SW Prado Av Port St. Lucie	ne state or country to be carried out in state of Florida) agent: (P.O. Box NOT acceptable)
(Purpose(9. Name and stre Name: Office Address:	et address of Florida registered a Edo Smidtsrod 556 SW Prado Av Port St. Lucie (City)	ne state or country to be carried out in state of Florida) agent: (P.O. Box NOT acceptable)
(Purpose(9. Name and stre Name: Office Address:	et address of Florida registered a Edo Smidtsrod 556 SW Prado Av Port St. Lucie (City) gent's acceptance:	re state or country to be carried out in state of Florida) agent: (P.O. Box NOT acceptable) /e, Florida 34983(Zip code)
(Purpose) 9. Name and stre Name: Office Address: 10. Registered a Having been nam designated in this	et address of Florida registered a Edo Smidtsrod 556 SW Prado Av Port St. Lucie (City) gent's acceptance: ned as registered agent and to accept the	ne state or country to be carried out in state of Florida) agent: (P.O. Box NOT acceptable) // // // // // // // // //
(Purpose) 9. Name and stre Name: Office Address: 10. Registered a Having been nan designated in this further agree to c	et address of Florida registered a Edo Smidtsrod 556 SW Prado Av Port St. Lucie (City) gent's acceptance: ned as registered agent and to an application, I hereby accept the comply with the provisions of all	ne state or country to be carried out in state of Florida) agent: (P.O. Box NOT acceptable) // // // // // // // // //
(Purpose) 9. Name and stre Name: Office Address: 10. Registered a Having been nan designated in this further agree to c	et address of Florida registered a Edo Smidtsrod 556 SW Prado Av Port St. Lucie (City) gent's acceptance: ned as registered agent and to an application, I hereby accept the comply with the provisions of all	ne state or country to be carried out in state of Florida) agent: (P.O. Box NOT acceptable) // // // // // // // // //
(Purpose) 9. Name and stre Name: Office Address: 10. Registered a Having been nan designated in this further agree to c	et address of Florida registered a Edo Smidtsrod 556 SW Prado Av Port St. Lucie (City) gent's acceptance: ned as registered agent and to an application, I hereby accept the comply with the provisions of all	ne state or country to be carried out in state of Florida) agent: (P.O. Box NOT acceptable) // // // // // // // // //

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 Chairman: 2000 MAY -8 P 12: 22 Address: ___ SECRETARY OF STATE TALLAHASSEE, FLORIDA Address: Address: _ **B. OFFICERS** President: Jon Neubert Address: 9700 Business Park Drive Suite 102 Sacramento CA 95827 Vice President: Gina Duryea Address: 9700 Business Park Drive Suite 102 Sacramento CA 95827 Secretary: Treasurer: William Barker Address: 9700 Business Park Drive Suite 102 Sacramento CA 95827 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

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

State of California

Secretary of State

FILED

2008 MAY -8 ₱ 12: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **29th day of September**, **1986**, **PENSION PLANNERS SECURITIES**, **INC**. became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office: and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 25, 2008.



Jehn Boven

DEBRA BOWEN Secretary of State