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TO: **New Filing Section Division of Corporations** SUBJECT: Evolve 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 all correspondence concerning this matter to the following: Dianne Pierce (Name of Person) Evolve Securities, Inc. (Firm/Company) 5300 Bee Caves Rd., Bldg. 3, Ste. 100 (Address) Austin, Texas 78746 (City/State and Zip code) For further information concerning this matter, please call: Dianne Pierce at (512) 686-1297
(Area Code & Daytime Telephone Number) (Name of Person) **MAILING ADDRESS:** STREET/COURIER ADDRESS: New Filing Section **New Filing Section** Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 Enclosed is a check for the following amount: \$70.00 Filing Fee **√** \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

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.

/* P			
·	·	me adopted for the purpose of transacting business in Flo	rida)
2. Delawar	under the law of which it is incorporated)	3. <u>20-00698355</u>	
•	,	(FEI number, if applicable)	
4. <u>02/04/20</u>	of incorporation)	5. Perpetual (Duration: Year corp. will cease to exist or "perpetu	
6.	M/A	(Duration: Tear corp. with cease to exist or perpetu	iai j
o		is in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	
, 5300 Bee		te. 100, Austin, TX 78746	
/·	(Principal office a		
5300 Be	e Caves Rd., Bldg.3, St	te. 100, Austin, TX 78746	
	(Current mailing a		
Dunten v/D	Na alam ara di Iran mana ara Ar		£==
Broker/L	Dealer and Insurance Ag	gency	9
	V of an exercise such a inside house state of	country to be possifed out in state of Florida	C3 : 25
· ·	s) of corporation authorized in home state or	country to be carried out in state of Florida)	in g
(Purpose(s	s) of corporation authorized in home state or ct address of Florida registered agent: (F	P.O. Box NOT acceptable)	PJUL 21
(Purpose(s	•	P.O. Box NOT acceptable)	DUL 21 P
(Purpose(s)). Name and stree	et address of Florida registered agent: (FinCorp Services, Inc.	P.O. Box NOT acceptable) The state of Florida in state of Florida	DJUL 21 PH J
(Purpose(s)). Name and stree	InCorp Services, Inc. 17888 67th Court No.	P.O. Box NOT acceptable) rth	USION OF CORPORAT
(Purpose(s)). Name and stree	InCorp Services, Inc. 17888 67th Court No. Loxahatchee	. rioriga	USION OF CORPORATION
(Purpose(s)) P. Name and stree Name:	InCorp Services, Inc. 17888 67th Court No.	r country to be carried out in state of Florida) P.O. Box NOT acceptable) rth Florida 33470 (Zip code)	JUL 21 PH 1:52
(Purpose(s). Name and stree Name: Office Address:	InCorp Services, Inc. 17888 67th Court Not Loxahatchee (City)	(Zip code)	SHIC
(Purpose(s). Name and stree Name: Office Address: 0. Registered applications been name	InCorp Services, Inc. 17888 67th Court Not Loxahatchee (City) gent's acceptance: and as registered agent and to accept ser	(Zip code) rvice of process for the above stated corporation at	the place
(Purpose(s)). Name and streed age of the Name: Office Address: O. Registered age of the Name and the Name a	InCorp Services, Inc. 17888 67th Court No. Loxahatchee (City) gent's acceptance: sed as registered agent and to accept sent application, I hereby accept the appoint	(Zip code)	the place
(Purpose(s Purpose(s Name and stree Name: Office Address: 10. Registered at Having been nam designated in this further agree to co	InCorp Services, Inc. 17888 67th Court No. Loxahatchee (City) gent's acceptance: sed as registered agent and to accept sent application, I hereby accept the appoint	(Zip code) rvice of process for the above stated corporation at atment as registered agent and agree to act in this construction is relative to the proper and complete performance of the performance of the proper and complete performance of the proper and complete performance of the perf	the place
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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: N. Gordon Thompson on.iii 21 PM 1:53 Address: 5100 Poplar Ave., 30th Floor Memphis, TN 38137 Vice Chairman: John Clement Address: 8000 Centerview Parkway, #500 Cordova, TN 38018 Director: Brian Murphy Address: 4760 Oracle Rd., # 306 Tucson, AZ 85705 Director: **B. OFFICERS** President: Donald Hurwitz Address: 5300 Bee Caves Rd., Bldg.3, Ste.100 Austin, Texas 78746 Vice President: Address: ____ Secretary: John Clement Secretary: 30111 Cleffield.

Address: 8000 Centerview Parkway, #500, Cordova, TN 38018 Treasurer: _____ Address: NOTE: If pecessary, you may a good an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) Donald Hurwitz, President

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EVOLVE SECURITIES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF JULY, A.D. 2008.

DIVISION OF CORPORALIONS

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Harriet Smith Windsor, Secretary of State **AUTHENTICATION:** 6723405

DATE: 07-11-08

You may verify this certificate online at corp.delaware.gov/authver.shtml