# 

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

Office Use Only

MD 10/12

#### **COVER LETTER**

TO: New Filing Section Division of Corporations							
SUBJ	ECT:	Financ	cial Integr	rity Foundation,	Inc		
0020		Name of Co	rporation – 1	must include suffix			
Dear S	Sir or Madam:						
"Certif	ficate of Existen		Good Standir	ng" and check are sub	ation to Conduct its Affairs in Florida mitted to register the above referenced		
Please	return all corres	spondence concerning	this matter to	o the following:			
				n DeVary			
			Nan	ne of Person			
		Fin	ancial Inte	grity Foundation, I	nc		
				m/Company			
		<del></del>					
			7953 20	Oth Street West			
				Address			
			Lakeville	Minnesota 55044			
				te and Zip Code			
		Info@c	consumerc	rime.com			
	E-r	nail address: (to be use			tion)		
For fu	ther information	n concerning this matte	er, please cal	1:			
	•						
		DeVary	at <u>(</u> 95		9 6588		
	Name	of Person	Are	a Code & Daytime To	elephone Number		
	MAILING A			STREET/CO	DURIER ADDRESS:		
New Filing Section Division of Corporations				New Filing Section Division of Corporations			
	P.O. Box 6327			Clifton Build	-		
	Tallahassee, F.	L 32314			ve Center Circle		
Enclos	ed is a check for	the following amoun	<b>:</b> :				
□ \$70	0.00 Filing Fee	\$78.75 Filing Fe Certificate of Sta		378.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy		

### APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Financial Integrity Foundation, Inc						
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)	10 OCT					
2. Minnesota 3. 27-1489121  (State or country under the law of which it is incorporated) (FE) number, if applicable)	2					
	¥					
4. June 13th 2007 5. Perpetual (Date of Incorporation) (Duration: Year corp. will cense to exist or "perpetual")	-2					
(Date of Incorporation) (Duration: Year corp. will cense to exist or "perpetual")	P					
6. Have not conducted affairs (Date first conducted affairs in Florida if prior to registration, See sections 617.1507 & 617.1502, F.S, to determine penalty liability.)						
(Date first conducted affairs in Florida if prior to registration, See sections 617.1501 & 617.1502, F.S, to determine penalty liability.)	Ÿ					
7 7953 200th Street West Lakeville Minnesota 55044	61					
(Principal office address)	Ψ					
P.O. Box 881 Lakeville, MN 55044						
(Current mailing address)						
8. Education and Examination of Consumer Protection (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)						
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)						
Name: <u>CARRIE LUFT</u>						
Office Address: 139 Sinclair S+SE						
Port Charlotte, Florida 33952 (Zip Code)						
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 further agree to comply with the provisions of all statutes relative to the proper and complete performance of my do and I am familiar with and accept the obligations of my position as registered agent.						
Cavie Luft						
(Registered agent's Agnature)						

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 addresses of officers and/or directors:

#### A. DIRECTORS

Chairman: Jon Devary Director		_
Address: 7953 200th Street Wesdt Lakeville MN 55044		_
		_
Vice Chairman; Hilary Kost Director	<b>-</b>	2
Address: 7953 200th Street West Lakeville Mn 55044	000	NOICIAIO
	21.1	9
Director; Richard Cichocki Jr Director	PH	1001
Address: 7850 Riverdale Drive Northwest Suite E Ramsey, Mn 55303	ÿ	- 014
	6	- 6
Director:		-
	<del></del>	-
Address:		-
B. OFFICERS		-
President:		_
Address:		_
Vice President:		_
Address:		_
		_
Secretary:		_
Address:		_
Treasurer:		_
Address:		
//		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or director	ors.	
(Signature of Chairman, vice Chairman, or any officer listed in number 12 of the application)		
14 / Jon DeVary		
(Typed or printed name and capacity of person signing application)		

# State of Minnesota

## SECRETARY OF STATE

SECRETARY OF STATE DIVISION OF CORPORATIONS

Certificate of Good Standing

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Financial Integrity Foundation Inc.

Date Formed: 06/13/2007

Chapter Governed By: 317A

This certificate has been issued on 10/07/10.



Mark Ritchie Secretary of State.