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TALLAHASSEE, FLORIDA

2010 OCT 18 PM 12:46

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2010

BARBARA BARNETTE
13564 FALCON POINTE DR.
ORLANDO, FL 32837

SUBJECT: FINANCIAL KNOWLEDGE NETWORK INC.
Ref. Number: W10000045591

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for FINANCIAL KNOWLEDGE NETWORK INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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 the corrected original and one copy of 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) 245-6995.

Wanda Cunningham
Regulatory Specialist II
New Filing Section

Letter Number: 710A00023172

COVER LETTER

TO: . New Filing Section
Division of Corporations

SUBJECT: FINANCIAL KNOWLEDGE NETWORK INC.,
Name of Corporation – must include suffix

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Good Standing" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Barbara Barnette

Name of Person

Sandibar Inc.

Firm/Company

13564 Falcon Pointe Drive

Address

Orlando, FL 32837

City/State and Zip Code

Barnette58 @ mindspring.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Barnette

Name of Person

at (407)

856-8153

Area Code & Daytime Telephone Number

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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 KNOWLEDGE NETWORK 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.)
2. WYOMING 3. 27-3038909
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6/30/2010 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. December 1, 2010
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 2710 Thomes Avenue, Cheyenne, Wyoming 82001
(Principal office address)
- _____
(Current mailing address)

8. Financial educational services
(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: Sandibar Inc.

Office Address: 13563 Falcon Pointe Drive

Orlando, Florida 32837
(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.

Barbara E. Barnette, Pres. of Sandibar Inc
(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.

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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Tom Graham
6015 Kipps Colony Dr E
Gulfport FL 33707

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Tom Graham
6015 Kipps Colony Dr. E
Gulfport, FL 33707

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. *Tom Graham President/Director*
(Typed or printed name and capacity of person signing application)

STATE OF WYOMING
Office of the Secretary of State

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby
certify that according to the records of this office,

Financial Knowledge Network
is a
NonProfit Corporation

formed or qualified under the laws of Wyoming did on **June 30, 2010**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2010-000586542**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 5th day of October, 2010 at 6:29 PM. This certificate is assigned 008453633.



Max Maxfield
Secretary of State