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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

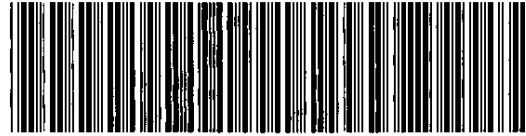
(Business Entity Name)

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: G DAVID HARRIS INSURANCE SERVICES AND WEALTH
Name of corporation - must include suffix MANAGEMENT, INC

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" 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:

HENRY C. BOONE, SR
Name of Person

G DAVID HARRIS INSURANCE SERVICES & WEALTH MANAGEMENT
Firm/Company INC

5245 NW 36 STREET
Address

MIAMI SPRINGS, FL 33166
City/State and Zip code

chet@gdhinsurance.com (CHET@GDHINSURANCE.COM)
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HENRY C. BOONE, SR at (434) 594-5331
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

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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 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. G DAVID HARRIS INSURANCE SERVICES AND WEALTH MANAGEMENT, INC (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

G. DAVID HARRIS INSURANCE SERVICES OF MIAMI, INC (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. VIRGINIA (State or country under the law of which it is incorporated) 3. 27-4597903 (FEI number, if applicable)

4. FEBRUARY 1, 2011 (Date of incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")

6. MARCH 1, 2011 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5245 NW 36 STREET, SUITE 200, MIAMI SPRINGS, FL 33166 (Principal office address)

5245 NW 36 STREET, SUITE 200, MIAMI SPRINGS, FL 33166 (Current mailing address)

8. INDEPENDENT INSURANCE AGENCY (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: HENRY C. ROONE, SR

Office Address: 5245 NW 36 STREET, SUITE 200 MIAMI SPRINGS, Florida 33166 (City) (Zip code)

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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.

Henry C. Boone, Sr. (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:

A. DIRECTORS

Chairman: DARRELL W. WILLIAMS

Address: 5245 NW 36 STREET, SUITE 200
MIAMI SPRINGS, FL 33166

Vice Chairman: HENRY C. BOONE, SR

Address: 5245 NW 36 STREET, SUITE 200
MIAMI SPRINGS, FL 33166

Director: HENRY C. BOONE, JR

Address: 5245 NW 36 STREET, SUITE 200
MIAMI SPRINGS, FL 33166

Director: _____

Address: _____

B. OFFICERS

President: DARRELL W. WILLIAMS

Address: 5245 NW 36 STREET, SUITE 200
MIAMI SPRINGS, FL 33166

Vice President: HENRY C. BOONE, SR

Address: 5245 NW 36 STREET, SUITE 200
MIAMI SPRINGS, FL 33166

Secretary: HENRY C. BOONE, JR

Address: 5245 NW 36 STREET, SUITE 200, MIAMI SPRINGS, FL 33166

Treasurer: HENRY C. BOONE, SR

Address: 5245 NW 36 STREET, SUITE 200, MIAMI SPRINGS, FL 33166

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

13. Henry C. Boone, Sr.

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. HENRY C. BOONE, SR. V-PRES, TREASURER, DIRECTOR
(Typed or printed name and capacity of person signing application)

Commonwealth of Virginia



State Corporation Commission

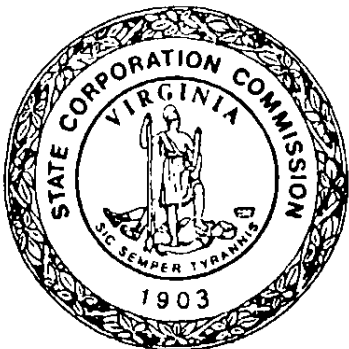
I Certify the Following from the Records of the Commission:

G David Harris Insurance Services and Wealth Management, INC is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is February 01, 2011.

Nothing more is hereby certified.

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HALLMARKS BLDG. ROOM 201
RICHMOND, VIRGINIA



*Signed and Sealed at Richmond on this Date:
June 27, 2011*

Joel H. Peck
Joel H. Peck, Clerk of the Commission