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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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W11-57619

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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 14, 2011

KIM B. WINSLOW 112 WEST EDEN STREET EDENTON, NC 27932

SUBJECT: ANOVA FINANCIAL CORPORATION

Ref. Number: W11000057619

We have received your document for ANOVA FINANCIAL CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's date of incorporation/organization must be listed in the document.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6949.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 311A00025733

COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: Anna Financial Conforation 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," 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:				
Kim B. Winslow				
Name of Person				
Anova Financial Commention				
Firm/Company				
112 West Eden Street (P.O. Box 666)				
Address				
Edenton, NX 27932				
City/State and Zip code				
Kurinslow & angulaturanciel, Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
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 & Certified Copy \$78.75 Filing Fee, 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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (FEI number, if applicable) Date of incorporation) Year corp. will cease to exist or "perpetual") des 8 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, P.S., to determine penalty liability) bless Street (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Name: Office Address: 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.

(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: Stanley A. Young		
Address: 55 Martale Riose Road		
1 brill Andover MA 01845		
Vice Chairman: Lamas D. White		
Address: 811-D Marigny Street	— 	
New Orleans, LA 7017		
Director: King D. Winsbu		
Address: 112 Musket Lane		
Mantes, NC 27954		
Director: Art Leaners		
Address: PO Box 157	·	out?
Engelhara, NC 27824	<u> </u>	T D
B. OFFICERS	- 1	district of
President: Kin B. Wuslow		1 %
Address: 112 Musket Lane	3: 2	ne same fi
Manteo, UC 27954		
Vice President: Devel Blair		
Address: PO Box 2666		
Manteo, MC 27954		
Secretary: James D. While	-	
Address: 811-D Mariany Street, New Orleans, LI	A TOI	رر-
Treasurer: Jan McRon		•
Address: 2564 Taylor Road, Chocowinity, NC 2781	7	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.		
13. de Canto Problet (CED		
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 h	ierein	
are true and that he or she is aware that false information submitted in a document to the Department of State cons		
third degree follows as provided for in s.817.155, P.S. 14. Kim B. Winslew President Car Director		
(Typed or printed name and capacity of person signing application)		



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

ANOVA FINANCIAL CORPORATION

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 20th day of February, 2003, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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SICKETARY OF STATE
SALIDAMASSEE, FLORIDA



Certification# 92065320-1 Reference# 10758315- Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 15th day of November, 2011.

6 laine I Marshall

Secretary of State