

F12000002627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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STATE OF CALIFORNIA  
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JF

W120000029615

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** CONVERSE FINANCIAL ADVISORY, 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," 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:

MICHAEL CONVERSE

Name of Person

CONVERSE FINANCIAL ADVISORY, INC

Firm/Company

4801 OSPREY DR. S. #306

Address

ST PETERSBURG, FL 33711

City/State and Zip code

MIKE.CONVERSE@RAYMONDJAMES.COM

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

For further information concerning this matter, please call:

MICHAEL CONVERSE

Name of Person

at (316) 315-0617

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 &  
Certificate of Status



\$78.75 Filing Fee &  
Certified Copy



\$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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12 JUN 22 AM 10:55

DEPARTMENT OF STATE  
TELEPHONE ROOM

May 30, 2012

MICHAEL CONVERSE  
4801 OSPREY DR S #306  
ST PETERSBURG, FL 33711

SUBJECT: CONVERSE FINANCIAL ADVISORY, INC  
Ref. Number: W12000029615

We have received your document for CONVERSE FINANCIAL ADVISORY, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

- ✓ The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.
- ✓ The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.
- ✓ The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return 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) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 612A00015481

**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. CONVERSE FINANCIAL ADVISORY, INC

(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)

2. KANSAS

(State or country under the law of which it is incorporated)

3. 33-1212257

(FEI number, if applicable)

4. 4/18/2008

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 4/1/2012

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

7. 4801 OSPREY DR S, #306 ST PETERSBURG, FL 33711

(Principal office address)

4801 OSPREY DR S, #306 ST PETERSBURG, FL 33711

(Current mailing address)

## 8. \_\_\_\_\_

(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: MICHAEL CONVERSE

Office Address: 4801 OSPREY DR S, #306

ST PETERSBURG, Florida 33711  
(City) (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. 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.

Michael W Converse, President  
(Registered agent's signature)  
Michael W Converse, President

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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SUPREME COURT  
STATE OF FLORIDA

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

## A. DIRECTORS

Chairman: MICHAEL CONVERSEAddress: 4801 OSPREY DR S, #306ST PETERSBURG, FL 33711Vice Chairman: MICHAEL CONVERSEAddress: 4801 OSPREY DR S, #306ST PETERSBURG, FL 33711Director: MICHAEL CONVERSEAddress: 4801 OSPREY DR S, #306ST PETERSBURG, FL 33711

Director: \_\_\_\_\_

Address: \_\_\_\_\_

## B. OFFICERS

President: MICHAEL CONVERSEAddress: 4801 OSPREY DR S, #306ST PETERSBURG, FL 33711Vice President: MICHAEL CONVERSEAddress: 4801 OSPREY DR S, #306ST PETERSBURG, FL 33711Secretary: MICHAEL CONVERSEAddress: 4801 OSPREY DR S, #306 ST PETERSBURG, FL 33711Treasurer: MICHAEL CONVERSEAddress: 4801 OSPREY DR S, #306 ST PETERSBURG, FL 33711

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

13. Michael W. Converse, PresidentMichael W. Converse, President 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. MICHAEL CONVERSE

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

**STATE OF KANSAS  
OFFICE OF  
SECRETARY OF STATE  
KRIS W. KOBACH**

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 6249635

Entity Name: CONVERSE FINANCIAL ADVISORY, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: CONVERSE FINANCIAL ADVISORY, INC.

Registered Office: 6551 Pepperwood Ct., WICHITA, KS 67226

was filed in this office on April 18, 2008, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of May 02, 2012

**KRIS W. KOBACH  
SECRETARY OF STATE**

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STATE OF KANSAS

Certificate ID: 498481 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.