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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL .		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE Division of Corporations MECEIVEC BOEC 19 AMII: 18

SHERIFORY OF BILLIES

December 4, 2012

MATTHEW BERGIN NORTHEASTERN FINANCIAL GROUP, INCORPORAT 331 NEWMAN SPRINGS RD., #311 RED BANK, NJ 07701

SUBJECT: NORTHEASTERN FINANCIAL GROUP, INCORPORATED

Ref. Number: W12000060272

We have received your document for NORTHEASTERN FINANCIAL GROUP, INCORPORATED 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 document must contain both the street address of the principal office and the mailing address of the entity.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please send the signed original; the xerox copy is illegible and unacceptable.

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) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 712A00028746

## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: 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:	
MATTHEN BERGIN Name of Person	
NORTHERSTERN FINANCIAL GROUP IN FIRM/Company 331 NEWMAN SPRINGS RD; #311	rc.
Unches in a consect for the following amount:	
TO CHARGE ATT DATE OF CITY/State and Zip code Statement of 2011.	
MATT BERGING WFGIMML. COM  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
MAGT BERGIA at (732) 945 8241  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 & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy	

#### "APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Enter name of	EASTERN FINA corporation; must include "INCOI Corp," "Inc," "Co," or "Corp.")	NCIM (7) RPORATED," "COM	ROUP WOURT	ONATED		
(If name unavai	lable in Florida, enter alternate co	rporate name adopted	for the purpose of transacti	ing business in Florida	a)	
$\mathcal{P}_{2}$	A .	3. Z	3-2263 (FEI number, if ap)	75.		
(State or country	under the law of which it is incor	porated)	(FEI number, if app	plicable)		
4. OCT 2	5, 1982	5.	PERPETUAL	<del></del>		
	e of incorporation)	(Dura	ion: Year corp. will cease	to exist or "perpetual"	")	
<b>1</b>	6-1-12	DATE B	coker Denia	L REGISTER	z=5 K	٦
,	(Date first transact	ted business in Florid	a, if prior to registration)	STATE SE	ZURIT	7 <i>ES</i>
_			., to determine penalty liabi			77
3220	D SPANISH W	ievus d	IL DELEM	y BEACH	- FL	<b>フ</b> フ
	(Princi)	pai office address)				
331 NE	LUMAN SPRINGS (Currer	ROAD, STE	311 RED BAO	JK NJ07	170)	
	(Currer	it mailing address)				
BROK	ER DEMER		•	eter.		
(Purpose)	s) of corporation authorized in ho	me state or country to	be carried out in state of F	lorida)	- <del>7</del>	
Alama and stre	et address of Florida registered	locant: (DA Box	NOT acceptable)	r~c ≯a	8	ं बस्यमुक्त
7. Name and sure	Adoptive 15782			En P	030	
Name:	ATTAJ: CHRISTINE	MUKPHY		SS	9	P. Santa
Office Address:	3220 D SPA	NISH WELL	5 DR.	 	<u> </u>	P. P.
O (110 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	> 2	, r=1		77.	7H 12:	i series
	DELRAY BEACH (City)	$\frac{1}{r}$	Florida(7in code)	ORI ORI		Sacra
	(City)	3340	(2) (Sub code)	Ū۳	<b>a</b>	
	gent's acceptance:					
Having been nät desionated in thi	ned as registered agent and to s application, I hereby accept	accept service of f the annointment a	process for the above sta s registered agent and a	tea corporation at t gree to act in this c	ne piace avacity.  I	•
further agree to	comply with the provisions of	ali statutes relativo	to the proper and comp	olete performance o	fmy	
luties, and I am	familiar with and accept the o	bligations of my p	osition as registered age	ent.		
		2				

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.

(Registered agent's signature)

12. Names an	d business a	addresses of offic	ers and/	or directors:	.,		
A. DIRECTO	ORS						
Chairman:	NO	BOARD	OF	DIRECTORS			· <del>-</del> · · · · · · · · · · · · · · · · · · ·
Address:							
Vice Chairman:							
	,						
Disasten		-					
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Address:							
Director:	<del> </del>		<del></del>			A SEC	<u> </u>
Address:					<u> </u>	AP.	
•						Section Sectio	<u> </u>
B. OFFICER						E P	2 7
		TW BER				STATE OR STATE	2 Company
Address: 3	31 NE	WMAN	SPR	indis RD	<sup>#</sup> 3//	DM A	<u> </u>
_ <i>R</i> :	ED Br	TOUR NJ		7701			
Vice President:							
							,
Secretary:		•					
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	essary, you	may attach an ac	idendum	to the application lie	ling additional off	icers and/or dir	ectors.
13		1/VVII/N	Signatur	re of Director or Office	ner .		
are true and tha	at he or she	ning this docume is aware that fals ovided for in s.8.	nt (and verifier)	who is listed in number nation submitted in a	er 12 above) affiru	ns that the facts epartment of S	stated herein tate constitutes
		^		سيب			

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

**NOVEMBER 30, 2012** 

12 DEC 19 PH 12: 50
SECHETARY OF STATE
TALLAHASSEE, FLORIDA

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

### NORTHEASTERN FINANCIAL GROUP, INCORPORATED

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 10708942-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp