(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



01/18/13--01028--001 **78.75

This letter is to verify that I would like to have the name from Wall Financial Group, LLC which has recently been dissolved as of 1/9/13 released.

I was the owner of Wall Financial Group , LLC as well as the MGRM.

I accidentally set up the company as an LLC, when it should have been set up as a foreign corporation from my existing corporation, which is Wall Financial Group, INC with current registration in PA.

I have submitted the appropriate paperwork with this letter to set up Wall Financial Group as a foreign corp. here in Florida.

Thanks so much for your help with this!

Michael D. Wall - former MGRM of Wall Financial Group, LLC

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Wall Financia	1 Group	Tnr	
SUBJECT: Wall Financia Name o	f corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Cor "Certificate of Existence," or "Certificate above referenced foreign corporation to tra	of Good Star	ding" and check are sub-	
Please return all correspondence concernir	ng this matter	to the following:	
Mich	iael D.	Wall	
, 	Name of		
Mall Fi	pancial	Graun inc	
, , , , , ,	Firm/Com	Group inc.	
700 Village S	Square (Crossing Suite	102R
Palm Beach Ga	rdens , F City/State a	-lorida 33410	· · · · · · · · · · · · · · · · · · ·
	City/State a	na Zip code	
<u>Michael @ Woulf</u> E-mail address:	(to be used i	Group. Com for future annual report n	otification)
For further information concerning this ma	atter, please o	eall:	
Michael D. Wall Name of Person	at (Area (561 - 855 - 46 35 Code & Daytime Telepho	one Number
STREET/COURIER ADDRESS New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	5:	MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, Fi	ction rporations
Enclosed is a check for the following amount	unt:		
□ \$70.00 Filing Fee \$78.75 Filing Certificate of	Fee & C	\$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, L503, 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) 2. Pennsylvania 3. 262912019
(State or country under the law of which it is incorporated) (FEI number, if applicable) (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. PP 630 Pleasant Valley BIVd. SUITE A Altona, PA 16602 (Principal office address) (Current mailing address) 8. To conduct any and all lawful business of the corporation (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: 700 Village square crossing Surte 102B
Palm Beach Gardens, Florida 33410
(City) (Zip code) Office Address: 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: Vice Chairman: Address: Director: Address: **B. OFFICERS** President: Michael D. Wall Address: _____ 700 Village Square Crossing, Sutte 102 B Palm Beach Gardens, FL 33410 Vice President: Address: ___ Secretary: Address: NOTE: If necessary, you may attach an oddendum to the application listing additional officers and/or directors. 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. _____

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

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FL

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

JANUARY 9, 2013

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING?

I DO HEREBY CERTIFY THAT,

Wall Financial Group Inc.

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: 10784256-1 Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp