F14000001674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Financial Connection, 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 Ross
Name of Person

Financial Connection, Inc.
Firm/Company

3200 N. Federal Hwy., Ste. 108
Address

Boca Raton, FL 33431
City/State and Zip code

mross@financialconnectioninc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Ross at (516) 870-0600
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 & 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. Financial Connection, 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. New York
(State or country under the law of which it is incorporated)

3. 11-3078012
(FEI number, if applicable)

4. 9/23/1991
(Date of incorporation)

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

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

7. 3200 N. Federal Hwy, Ste. 108 Boca Raton, FL 33431
(Principal office address)

(Current mailing address)

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8. Any lawful act or activity
(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 Ross

Office Address: 3200 N. Federal Hwy, Ste. 108

Boca Raton, FL (City), Florida 33431 (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.

(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: Michael Ross

Address: 3200 N. Federal Hwy, Ste. 108

Boca Raton, FL 33431

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. OFFICERS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

President: Michael Ross

Address: 3200 N. Federal Hwy, Ste. 108

Boca Raton, FL 33431

Vice President: _____

Address: _____

_____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Michael Ross

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 Ross

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

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of FINANCIAL CONNECTION, INC. was filed on 09/23/1991, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

***

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 27th day of March two thousand and fourteen.

Executive Deputy Secretary of State

Scott, Tyrone K.

From: Michael Ross <mross@financialconnectioninc.com>
Sent: Wednesday, April 16, 2014 4:02 PM
To: Scott, Tyrone K.
Subject: FW: Similar Name

Michael Ross, CFP®
President
FINANCIAL CONNECTION, INC.
TEL – 516-870-0600
FAX – 516-870-0911
mross@financialconnectioninc.com

From: Michael Ross [mailto:mross@financialconnectioninc.com]
Sent: Wednesday, April 16, 2014 4:01 PM
To: 'tyrone.scott@dos.state.fl.us'
Subject: Similar Name

Tyrone

We are aware that there is an existing entity in the state of Florida by the name of Financial Connections, LLC. Notwithstanding, we wish to register our corporation as a foreign corporation in Florida using our legal name, Financial Connection, Inc.

Michael Ross, CFP®
President
FINANCIAL CONNECTION, INC.
TEL – 516-870-0600
FAX – 516-870-0911
mross@financialconnectioninc.com