

F14000002314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

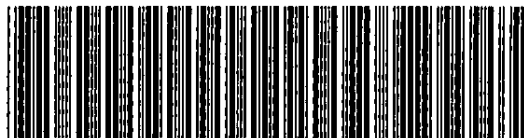
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300259949523

05/09/14--01003--004 **87.50

FILED
14 MAY 27 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1114-29849

MD 5/29



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2014

WANDA KNIGHT
PHOENIX FINANCIAL HOLDINGS, INC.
P.O. BOX 6778
ORLANDO, FL 32861

SUBJECT: PHOENIX FINANCIAL HOLDINGS, INC.
Ref. Number: W14000029849

We have received your document for PHOENIX FINANCIAL HOLDINGS, INC. 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 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.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Maryanne Dickey
Regulatory Specialist II

Letter Number: 814A00010117

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Phoenix Financial Holdings, 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:

Wanda Knight

Name of Person

Phoenix Financial Holdings, Inc.

Firm/Company

P.O. Box 6778

Address

Orlando, FL 32861

City/State and Zip code

wanda@phxfh.com

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

For further information concerning this matter, please call:

Brandy Williams

202

258-1266

at ()

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.

FILED
14 MAY 27 AM 9:41
CLERK OF STATE
TREASURY FLORIDA

Phoenix Financial Holdings, Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Phoenix Holdings

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

Delaware

27-2871761

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

01/23/2014

Perpetual

4. _____ 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

5401 S Kirkman Rd Suite 210 Orlando, FL 32819

7. _____
(Principal office address)

P.O. Box 6778 Orlando, FL 32861

(Current mailing address)

Holdings Company

8. _____
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

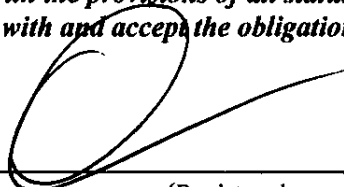
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Wanda Knight

Office Address: 5401 S Kirkman Rd Suite 210
Orlando, Florida 32819
(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.



(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: Brandy Williams
5401 S. Kirkman Rd Suite 210
Address: Orlando, FL 32819

Vice Chairman: Dmazana Lumukanda
3744 12th Street NE
Address: Washington, DC 20017

Director: Ahmad Jackson
3744 12th Street NE
Address: Washington, DC

Director: Wanda Knight
5401 S. Kirkman Rd Suite 210
Address: Orlando, FL 32819

FILED
14 MAY 27 AM 9:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

B. OFFICERS

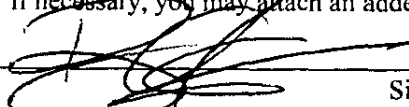
President: Alvin Sealy
5401 S. Kirkman Rd Suite 210
Address: Orlando, FL 32819

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

Delaware

The First State

PAGE 1

FILED
14 MAY 27 AM 8:12
SECRETARY OF STATE
JALLAHASSEE, DE 1009A

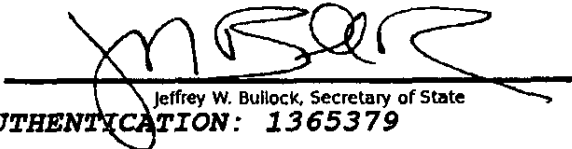
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE
DELAWARE, DO HEREBY CERTIFY "PHOENIX FINANCIAL HOLDINGS, INC."
IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND
IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR
AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF
MAY, A.D. 2014.

5469288 8300

140611185



You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1365379

DATE: 05-12-14