**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: INCORP SERVICES INC Account Name

Account Number : I20120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email

#### FOREIGN PROFIT/NONPROFIT CORPORATION

Foy Financial, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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Corporate Filing Menu

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#### **COVER LETTER**

TO:	New Filing Sec Division of Co			
CHRI	ECT:	Foy F	inancial, Inc.	
3000	EC1.	Name of corporat	on - must include suffix	
Dear S	Sir or Madam:			
"Certi	ficate of Existent	tion by Foreign Corporation :e," or "Certificate of Good S yn corporation to transact but	tanding" and check are su	act Business in Florida," bmitted to register the
Please	return all corres	pondence concerning this ma	tter to the following:	
		JoAnne	Stefanov	
	· · · · · · · · · · · · · · · · ·	Name	of Person	•
		InCorp \$	ervices, Inc.	
		Firm/C	ompany	
		2360 Corporate	Circle, Suite 400	
		٨	ldress	
		Henderso	ı, NV 89074	
		•	e and Zip code	·
			rts@incorp.com	
		E-mail address: (to be us	ed for future annual report	notification)
For fu	rther information	concerning this matter, plea	se call:	
loAnne S	Stefanov for InCo	rp Services, Inc. at (	866-2500	
	Name of Perso	on Ai	en Code & Daytime Telepi	hone Number
	New Filing Ser Division of Co Clifton Buildin 2661 Executive Tallahassee, Fi	rporations g c Center Circle L 32301	MAILING A New Filing S Division of C P.O. Box 632 Tallahassee,	ection Corporations 27
	sed is a check for 0.00 Filing Fee	the following amount:  \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

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### H150000209283

## 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.

(If name unavalla	ble in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Florida)	<del></del>	
Alabama	3	)		
	under the law of which it is incorporated)	(FE) number, if applicable)		
12/27/2013	>	Perpetual	_	
•	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")		
Upon regis				
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		
600 Boll Wee	vil Circle, Ste. 8, Enterprise, AL 3	-		
·	(Principal office ad	(dress)	-	
600 Boll Wee	vil Circle, Ste. 8, Enterprise, AL 3	36330		
<del></del>	(Current mailing ad	ldress)	-	£"")
			5	¥ر
. Name and stree	t address of Florida registered agent: (P	O. Box NOT acceptable)	JA	SION
Name:	InCorp Services, Inc.		JAN 27	QF QF
Office Address:	17888 67th Court North			COKPOR
	Loxahatchee	, Florida 33470	PH 12:	28.6
	(City)	(Zip code)	O	
Degistered and	nt's acceptance:			77
Yaving been nam	ed as registered agent and to accept ser	rvice of process for the above stated corporation at the	e place	•
lesionated in this	application, I hereby accept the appoin	nument as registered agent and agree to act in this cap	racity.	I
	anna de colleta da a ameritatarea at est menerelas	s relative to the proper and complete performance of a		

10. 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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11. Names and business addresses of officers and/or directors:		
A. DIRECTORS		
Chairman:		-
Address:		-
		•
Vice Chairman:		-
Address:		
		_
Director:		_
Address:		_
Director	JA	SECH
Director:	ro	- 유유 - 유규
Address:	<del>ال</del>	RY U
n oppropri	<u>ײ</u> ײַ	- FP 5
B. OFFICERS  President: William J. Foy	ហ	
600 Ball Meevil Circle Sto 8 Enterprise AL 36330		5.
Address:		-
		-
Vice President:		-
Address:		~
Milliam I Cau		<b>.</b>
Secretary: William J. Foy		-
Address: 600 Boll Weevil Circle, Ste. 8, Enterprise, AL 36330		-
Treasurer:		-
Address:		-
NOTE: If processary, you may attach an addendum to the application listing additional officers and/or directors.		
12. 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		
are true and that he or she is aware that false information submitted in a document to the Department of State con a third degree felony as provided for in s.817.155, F.S.	stitutes	
13. William J. Foy President		_
(Typed or printed name and capacity of person signing application)		-

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

# STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Foy Financial, Inc. was formed in Montgomery County, Alabama on December 27, 2013. The Alabama Entity Identification number for this entity is 293-882. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

15 JAN 27 PH 12: 51



20150126000017104

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

1/26/2015

Date

X 74. Marill

John H. Merrill

Secretary of State

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