

F16000002988

(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:

Cert N16-40681

Office Use Only



900286279919

05/27/16--01023--001 **70.00

2016 JUL -1 P 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

\$ Warren

JUL 05 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2016

APRIL MILLS
111 N. RAILROAD STREET, P.O. BOX 390
GROESBECK, TX 76642

SUBJECT: SHELTON FINANCIAL GROUP, INC.
Ref. Number: W16000040681

We have received your document for SHELTON FINANCIAL GROUP, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 016A00011752

111 N RAILROAD ST
GROESBECK, TX 76642



PHONE: 254.729.8002
FAX: 254.729.8069

May 25, 2016

Region Code 1741

Florida Secretary of State
Division of Corporations
Corporate Filings
2661 Executive Center Circle
Tallahassee, FL 32301
Fax: 850-245-6014

Ref: Application for Certificate of Authority

Dear Sir/Madam:

We are filing the following documents on behalf of **Shelton Financial Group, Inc.**

The items checked below are enclosed.

- ☒ Application for Certificate of Authority
- ☒ Check #24001 Amount \$ 70.00
- ☒ Certificate of Good Standing

Should you need anything further, please do not hesitate to contact me.

Please return all filed documents to my attention.

Sincerely,

April Mills

April Mills
Licensing & Compliance Specialist
Insurance Licensing Services of America, Inc.
111 N. Railroad St
P.O. Box 390
Groesbeck, TX 76642
Ph: 254.729.6129
Fax: 254.729.8069
Email: amills@ilsainc.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shelton Financial Group, 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:

April Mills

Name of Person

ILSA, Inc.

Firm/Company

111 N Railroad St

Address

Groesbeck, TX 76642

City/State and Zip code

susancarey@sheltonfinancial.net

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

For further information concerning this matter, please call:

April Mills

254

729-6129

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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.*

Shelton Financial Group, Inc.

1. _____
(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. IN 3. 351976974
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/11/1996 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 7617 West Jefferson Blvd, Fort Wayne, IN 46804
(Principal office address)

(Current mailing address, if different)

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

Name: Corporate Creations Network Inc.

Office Address: 11380 Prosperity Farms Road #221E
Palm Beach Gardens, FL 33410 , Florida 33410
(City) (Zip code)

9. 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.



Timothy Pratts, Special Secretary

(Registered agent's signature)

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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2007-03-11 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Jeffrey Shelton

Address: 7617 West Jefferson Blvd, Fort Wayne, IN 46804

Director: _____

Address: _____

B. OFFICERS

President: Jeffrey Shelton

Address: 7617 West Jefferson Blvd, Fort Wayne, IN 46804

Vice President: Jill Shelton

Address: 7617 West Jefferson Blvd, Fort Wayne, IN 46804

Secretary: Jeffrey Shelton

Address: 7617 West Jefferson Blvd, Fort Wayne, IN 46804

Treasurer: Jill Shelton

Address: 7617 West Jefferson Blvd, Fort Wayne, IN 46804

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

12. ^x  _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Jeffrey Shelton- President/Secretary

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

FILED
2015 JUL - 1 PM 12:41
CLERK OF STATE
TALLAHASSEE, FLORIDA

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

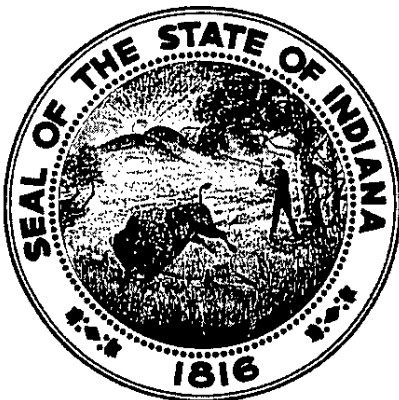
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

SHELTON FINANCIAL GROUP, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on March 11, 1996, and was in existence or authorized to transact business in the State of Indiana on May 24, 2016.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, May 24, 2016

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

1996031558 / 201622277

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>