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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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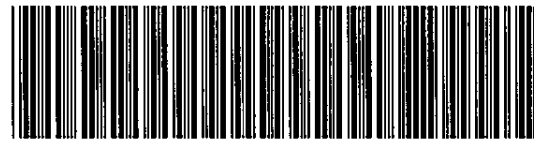
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 05 2017
S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JAN -4 PM 4:42

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PLANNERSOURCE 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:

TIMOTHY F ANDREWS CPA
Name of Person
CPA AFFILIATES INC
Firm/Company
1422 EVCLID AVE STE 1104
Address
CLEVELAND OH 44115
City/State and Zip code
tfacpa@runbox.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

TIMOTHY F ANDREWS 214 621-0700
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.

1. PLANNERSOURCE 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. OHIO 3. 34-1923543
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4-17-2000 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 9-1-16
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 360 W PALMETTO PARK RD #107D BOCA RATON FL 33432
(Principal office address)

(Current mailing address, if different)

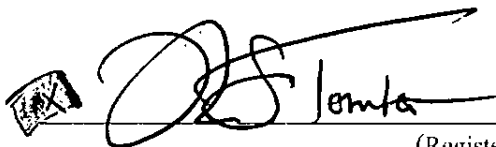
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ROBERT TOMKO

Office Address: 360 W PALMETTO PARK RD #107D
BOCA RATON, Florida 33432
(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.



(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: ROBERT TOMKO

Address: 360 W PALMETO PARK RD # 107
BOCA RATON FL 33432

Vice Chairman: _____

Address: _____

Director: ROBERT TOMKO

Address: SEE A ABOVE

Director: _____

Address: _____

B. OFFICERS

President: ROBERT TOMKO

Address: SEE A ABOVE

Vice President: _____

Address: _____

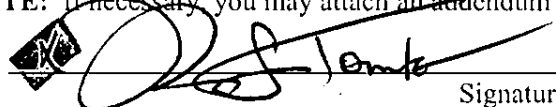
Secretary: ROBERT TOMKO

Address: SEE A ABOVE

Treasurer: _____

Address: _____

NOTE: If necessary, 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 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. ROBERT TOMKO PRESIDENT

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show PLANNERSOURCE, INC., an Ohio corporation, Charter No. 1164685, having its principal location in Cleveland, County of Cuyahoga, was incorporated on April 17, 2000 and is currently in GOOD STANDING upon the records of this office.

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SECRETARY OF STATE
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Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 16th day of December, A.D. 2016.

Jon Husted

Ohio Secretary of State

Validation Number: 201635101508