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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

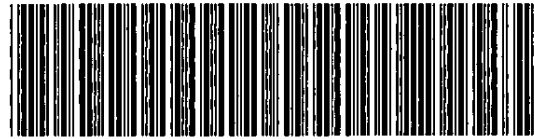
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 01 2017

V. SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pashley Financial Services, 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 Pashley
Name of Person

Pashley Financial Services, Inc.
Firm/Company

P.O. Box 170, 1314 South Shore Road
Address

Ocean View NJ 08230
City/State and Zip code

tpashley1@cox.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy Pashley at (317) 535 6650
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. Pashley Financial Services, 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 Jersey 3. 22-2889523
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/15/88 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 1314 South Shore Road, Marmora, NJ 08223
(Principal office address)

P.O. Box 170, Ocean View, NJ 08230
(Current mailing address, if different)

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

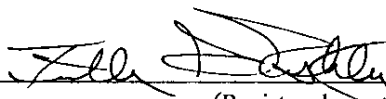
Name: Timothy Pashley

Office Address: 188 Cove Drive South

Miramar Beach, Florida 32550
(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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Timothy Pashley

Address: 188 Cove Drive South
Miramar Beach, FL 32550

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Timothy Pashley

Address: 188 Cove Drive South
Miramar Beach, FL 32550

Vice President: _____

Address: _____

Secretary: Timothy Pashley

Address: Per above

Treasurer: Timothy Pashley

Address: Per above

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TALLAHASSEE, FLORIDA

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

12. ~~Timothy Pashley~~
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. Timothy R Pashley
(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH CHARTER DOCUMENTS**

PASHLEY FINANCIAL SERVICES, INC.
0100376253

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on April 15, 1988.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

**TIMOTHY R. PASHLEY
1314 SOUTH SHORE ROAD
MARMORA, NJ 08223**

I further certify that as of the date of this certificate, the following amendments and changes are on file in this office:

| | |
|--|-------------------|
| CHANGE OF AGENT AND OFFICE | 11/08/1999 |
| CHANGE OF REGISTERED OFFICE | 09/13/2000 |
| CHANGE OF REGISTERED OFFICE | 05/18/2001 |
| CHANGE OF AGENT AND OFFICE | 01/22/2007 |

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH CHARTER DOCUMENTS**

PASHLEY FINANCIAL SERVICES, INC.
0100376253



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
18th day of April, 2017*

*Ford M. Scudder
State Treasurer*

Certificate Number : 2260375820

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp