# F17000005722

(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



900306806409

17 DEC 19 71 5: NJ

7 DEC 20 AM 11: (

S. WARREN DEC 2 1 2017





115 N CALHOUÑ ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date: 12/19/2017	Accounts, 120000000
Name: KENDALL HOWELL	
Reference #: <b>T013961</b>	
Entity Name: GCG WEALTH MANAGMEN	NT INC.
Articles of Incorporation/Authorization to Transa	act Business
Amendment	
Change of Agent	
Reinstatement	
Conversion	ISSUES - CALL KEN @ 518-213-0738
☐ Merger	
☐ Dissolution/Withdrawal	
Fictitous Name	
Other ** CERTIFIED COPY & GOOD S	TANDING UPON FILING **
Authorized Amount: \$87.50	
Signature:	

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: GCG WEALTH MANAGEMENT, IN  Name of corporation - must include suffix	JC_ -
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:  TIMMY BALL  Name of Person	-
GCG WEALTH MANAGEMENT	
GCG WEALTH MANAGEMENT Firm/Company 9115 HAZRIS CORNERS PKWY SUITEZ Address	50 -
CHARLOTTE NL 28269  City/State and Zip code	_
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
TIMMY BALL at (704) 372-4491  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 & □	s &

### 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. (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) (State or country under the law of which it is incorporated)

(FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1555 HOWELL BRANCH RD WINTER PARK FL 32789 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) COGENCY GLOBAL INC. Name: 115 N CALHOUN STREET, SUITE 4 Office Address: TALLAHASSEE (City) 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

Marisa Kugelmann, Asst. Secretary

(Registered agent's signature)

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.

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.

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

A. DIRECTORS	<b>;</b>
Chairman:	JOEL BURRIS PRESIDENT, CEO
.ddress:	9115 HAFRIS CORNERS PKWY 250
	CHARLOTTE NC 28269
ice Chairman:	
ddress:	
	<del></del>
rirector:	
.ddress:	<u> </u>
	<u> </u>
irector:	
ddress:	<u> </u>
. OFFICERS	
resident:	<u> </u>
ddress:	
0.00	——————————————————————————————————————
ice President:	JIMMY BALL COO
ddress:	9115 HARRIS CORNERS PRWY 250
	CHALLOTTE NC 28269
ecretary:	
ddress:	
reasurer:	
ddress:	
OTE: If necessa	ary, you may attach an addendum to the application listing additional officers and/or directors.
2	Signature of Director or Officer
e true and that he	ector signing this document (and who is listed in humber 11 above) affirms that the facts stated herein e or she is aware that false information submitted in a document to the Department of State constitutes
iniru degree teloi 3.	my as provided for in s.817.155, F.S.  TIMMY BALL COO JOEL BURRIS CEO



## NORTH CAROLINA Department of the Secretary of State

#### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

### GCG WEALTH MANAGEMENT INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 10th day of June, 1994, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 19th day of December, 2017.

Elaine I. Marshall

Secretary of State

Certification# 101463750-1 Reference# 14137423- Page: Lof I Verify this certificate online at http://www.sosnc.gov/verification