

To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC. Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address:\_

## FOREIGN PROFIT/NONPROFIT CORPORATION

Pivot Financial Group, Inc.

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## 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 unavai	able in Florida, enter alternate corporate name ador	oted for the purpose of transacting busi	nega in Florida)	-	
Delaware					
(State or count 2/21/2019		(FEI number, if applicable	•	-	
(Date	5	(Date of duration, if other than p	erpetual)	-	
6				_	
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502.	orida, if prior to registration) F.S., to determine genalty liability)		-	
9160 Forum Cor	porate Parkway, Suite 350 Fort Myers, FL 33901	and the second periods in the second			
··-	(Principal o	ffice address)	2	. <b>19</b> 0	
	(Current mailing ac	ldress, if different)	#	ict 2	1
8 Name and are	et pddress of Florida registered agent: (P.O. B	ov NOT posentoble)		α ;	-,
Name;	John P. Boaton	ox <u>NOT</u> acceptable)	्रिक् - -	AT 地	
Office Address:	9160 Forum Corporate Parkway, Suite 350		7 1	02	
	For Myers	33901 , Florida	<del>-</del>		
	(City)	(Zip code)			
Having been nam designated in this further agree to c	ent's acceptunce:  sed as registered agent and to accept service of application, I hereby accept the appointment omply with the provisions of all statutes related familiar with and accept the obligations of my	t as registered agent and agree to a ive to the proper and complete per	ect in this cape	zcitv. I	
	(MhlaM)	Ashley Goldsmith, Attorney-In-Fac	_		

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 Chairman: \_\_\_ Address: \_ Vice Chairman: Address: John P. Boston Director 9160 Forum Corporate Parkway, Suite 350 Address: Fon Myers, FL 33901 Address: B. OFFICERS John P. Boston President: 9160 Forum Corporate Parkway, Suite 350 Address: Port-Myers, FL 33901 Vice President: Address: \_\_ Secretary: \_\_ 110 Address: \_ Treasurer: \_\_\_ NOTE: If necessary, you may attach an addendum to the application liquid additional officers and/or directors. 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. Ashley Goldsmith, Attorney-in-Fact for John P. Boston, President and Director

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

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PIVOT FINANCIAL GROUP, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF OCTOBER, A.D.

2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PIVOT FINANCIAL GROUP, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203869731

Date: 10-25-19

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