F20000002275

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



400344027154

05/05/20+-01003--023 **10.00

RECEIVED MAY 0 4 2820

05/19/20--01012--006 **900.00



MAY 19 2020 M. SOLOMON

COVER LETTER

TO:	O: Registration Section Division of Corporations							
SUBJ	FCT: Wedel & Associ	ates Financial Services, Ir	nc.					
5000		Name of corporati	on - must includ	le suffix				
Dear S	ir or Madam:							
"Certif	ficate of Existence," or	Foreign Corporation for Certificate of Good Stooration to transact busing	anding" and che					
Please	return all corresponder	nce concerning this mat	ter to the follow	ing:				
Stephe	n H Wedel							
		Name o	of Person					
Wedel	& Associates Financial S	ervices, Inc. dba Four S	easons Wealth M	anagement				
		Firm/Co	ompany					
268 Mc	ooring Line Drive							
		Ade	dress					
Naples	FL 34102							
		City/State	and Zip code					
lynnela	ire.wedel@gmail.com							
	E-1	mail address: (to be use	d for future ann	ual report n	otification)			
For fur	rther information conce	rning this matter, please	e call:					
Lynn Wedel 31			ode) 974-5966 Day					
	Name of Person	Area Co	ode Day	time Telepl	hone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Please	0.00 Filing Fee 💢 🗆 🤄	llowing amount: LORIDA DEPARTME? \$78.75 Filing Fee & Certificate of Status	NT OF STATE \$78.75 Filin Certified Co	_	\$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.

under the law of which it is incorporated.

Gara Canadan W	Louish Managament							
	our Seasons Wealth Management							
	name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)							
2. Missouri	3.	52-2413885						
(State or count)	ry under the law of which it is incorporated)	(FEI number, if applicable)						
4	5.							
(Date	e of incorporation)	(Date of duration, if other than perpetual)						
6. 9/2014								
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)						
7 2148 Tamiami Ta	rail North Naples FL 34102							
<u></u>		ice street address)						
268 Mooring Lin	ne Drive Naples FL 34102							
	(Current mailir	ng address, if different)	_ ~					
			222					
8. Name and street	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)						
Name:	Stephen H Wedel		<u>-</u>					
name.	214075 1 175 1151 11							
Office Address:	2148 Tamiami Trail North		, II.					
	Naples	34102 Sept. Florida	, :					
	(City)	(Zip code)	<u>.</u>					
0 D								
	ent's acceptance: ned as revistered agent and to accept servi	ice of process for the above stated corporation at th	ie nlace					
		nent as registered agent and agree to act in this ca						
	comply with the provisions of all statutes r r with and accept the obligations of my po	elative to the proper and complete performance of sition as registered agent.	my duties,					
	, /	/ 						
	$\leq 1/n/n$	dsD						
	() / Y VIII	<u> </u>						
_	(Registered agent's s	ignature)						

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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

A. DIRECTORS				
Chairman	Name: Stephen H Wedel	□Chairman	Name:	
□Vice Chairman	Address: 268 Mooring Line Drive	□Vice Chairman	Address:	
□Director	Naples FL 34102	□Director		
□President		□President	· · · · · · · · · · · · · · · · · · ·	
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
□Other	Other	□Other		□Other
	Lynn Wedel	□Chairman	Name:	
OChainnan OVice Chainnan	268 Mooning Line Drive	□Vice Chairman	Address:	
UDirector	Naples FL 34102	Director		
□Prezidem		□President		
∐Vice President		□Vice President		
2 iSceretary	₹ Træsæ	□ Secretary		☐Treasurer
□Офег	□Other	□Other		Other 20 24
□Chairman	Name:	□Chairman	Name:	
□ Vice Chairman	Address:	□Vice Chairman	Address:	+ 10a
□Director		□Director		E T
□President		□President		
□ Vice President		□Vice President		
☐ Secretary	□Treasurer	□Secretary		☐Treasurer
□Other		□Other		Other
individuals may be	Use an attachment to report more than six (6). The attended to the index when filing your Florida Departm	ient of State Annual Re	eport form.	ourposes only. Non-indexed
- 0 /	Signature of Director	or Officer		
	ctor signing this document (and who is listed in numb alse information submitted in a document to the Depa			
13. Lynn Wedel				

STATE OF MISSOURY



John R. Ashcroft Secretary of State

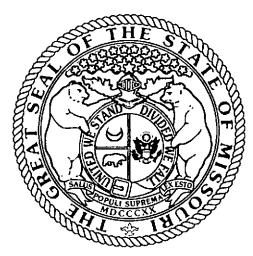
CORPORATION DIVISION CERTIFICATE OF CORPORATE RECORDS

WEDEL AND ASSOCIATES FINANCIAL SERVICES, INC. 00551485

1, JOHN R. ASHCROFT, Secretary of State of the State of Missouri and Keeper of the Great Seal thereof, do hereby certify that the annexed pages contain a full, true and complete copy of the original documents on file and of record in this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 12th day of May, 2020.

Certification Number: CERT-05122020-0118







May 7, 2020

STEPHEN H WEDEL WEDEL & ASSOCIATES FINANCIAL SERVICES IN 268 MOORING LINE DRIVE NAPLES, FL 34102

SUBJECT: WEDEL & ASSOCIATES FINANCIAL SERVICES, INC.

Ref. Number: W20000045417

We have received your document for WEDEL & ASSOCIATES FINANCIAL SERVICES, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$900.00.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor
Letter Number: 920A00009406

RECEIVED MAY 1 8 2020

www.sunbiz.org

Pd. #28292 4/29/20

2/13/20 / H 2830 / My 2830 /