F21000004369

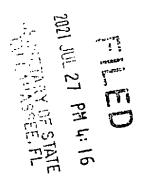
(Requestor's Name)
(Address)
(Addless)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

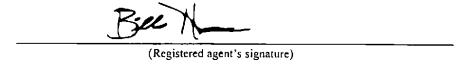
TO:	Registration Section Division of Corporations	3				
SUBJ	FCT: The Tilson Financia	ıl Group, Inc.				
00130		Name of corporation	n - must include si	affix		
Dear S	ir or Madam:					
"Certif	iclosed "Application by Fo ficate of Existence," or "C referenced foreign corpora	ertificate of Good Sta	inding" and check	Transact Business in Florida," are submitted to register the		
Please	return all correspondence	concerning this matte	er to the following:			
Nicole	Feid					
	<u>_</u>	Name o	f Person			
The Til	lson Financial Group, Inc.					
	·	Firm/Co	mpany			
98 Flor	ral Avenue, Suite 103					
		Add	ress			
New P	rovidence, NJ 07974					
nfeid@	tilsonfinancial.com	City/State	and Zip code			
	E-mai	l address: (to be used	for future annual i	eport notification)		
For fur	ther information concerni	ng this matter, please	call:			
Nicole	Feid	at (561-6203	561-6203		
	Name of Person	Area Coo	de Daytime	Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registr Divisio P.O. Bo	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please n	_	RIDA DEPARTMEN	F OF STATE □ \$78.75 Filing Fe Certified Copy	ee & 🔲 \$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.

(Enter name of of "Inc.," "Co.," "C	corporation; must include "INCORPORATED," 'Corp." "Inc," "Co," or "Corp.")	'COMPANY," "CORPORATION,"	
	·	opted for the purpose of transacting business in Florida	
New Jersey		2-3323780	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
08/01/1994	5		
(Date	e of incorporation)	(Date of duration, if other than perpetual)	
01/01/2021			
	e, Suite 103, New Providence, NJ 07974 (Principal office	 -	
Norma and atra	•	Box NOT acceptable) - - - - - - - - - - - - -	
Name and <u>street address</u> of Florida registered agent: (P.O Name:		NOT acceptable)	
ffice Address:	7901 4th St N, Ste 300	—	
fice Address:		33702	
fice Address:	St. Petersburg	, Florida 33702	

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.



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.

A. DIRECTORS Robert Tilson □ Chairman Name: □ Chairman Name: 8985 Quarry Drive □Vice Chairman Address: ☐ Vice Chairman Address: Naples, FL 34120 Director □ Director ■President □President ■ Vice President ☐ Vice President **■** Secretary Treasurer □Treasurer □ Secretary □ Other _____ □Other____ Chairman Name: □ Chairman Name: □ Vice Chairman Address: _____ □ Vice Chairman Address: ____ ☐ Director □ Director □President □President □Vice President __ □Vice President □ Secretary ☐ Treasurer □ Secretary □ Treasurer □Other _____ □Other _____ □ Other _____ □Other _____ □ Chairman Name: ____ ☐ Chairman Name: _____ □Vice Chairman Address: ______ □ Vice Chairman Address: □ Director □Director □President □President □Vice President __ □Vice President □ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer □Other _____ □Other □Other ____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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.

Robert Tilson, President

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

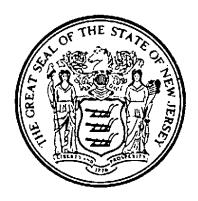
THE TILSON FINANCIAL GROUP, INC. 0100596003

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 August 01, 1994.

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:

ROBERT TILSON 98 FLORAL AVENUE SUITE 103 NEW PROVIDENCE, NJ 07974



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 21st day of July, 2021

Sluk A Mum

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6121303557

Verify this certificate online at

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