

F22000005147

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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2022 AUG 15 PM 3:14

TALLAHASSEE, FL

K. SALY

AUG 16 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 883621 4726940

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : August 15, 2022

ORDER TIME : 2:32 PM

ORDER NO. : 883621-005

CUSTOMER NO: 4726940

FOREIGN FILINGS

NAME: OXFORD FINANCIAL GROUP, LTD.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

**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. Oxford Financial Group, Ltd., Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Indiana 3. 35-1588335
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/16/1984 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 11711 N. Meridian Street, #600, Cannel, IN 46032
(Principal office street address)
- _____
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Corporation Service Company
- Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(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.

Corporation Service Company

By: _____

(Registered agent's signature)

Eyelina Baker
Assistant Vice President

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

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2022 AUG 15 PM 1:31
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A. DIRECTORS

☐ Chairman Name: Jeffrey H. Thomasson
☐ Vice Chairman Address: _____
☐ Director 11711 N. Meridian Street, #600
☐ President Carmel, IN 46032
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other Managing Director

☐ Chairman Name: Kristina R. Baron
☐ Vice Chairman Address: _____
☐ Director 11711 N. Meridian Street, #600
☐ President Carmel, IN 46032
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☒ Other Managing Director

☐ Chairman Name: Catherine Farley
☐ Vice Chairman Address: _____
☐ Director 11711 N. Meridian Street, #600
☐ President Carmel, IN 46032
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CFO ☐ Other _____

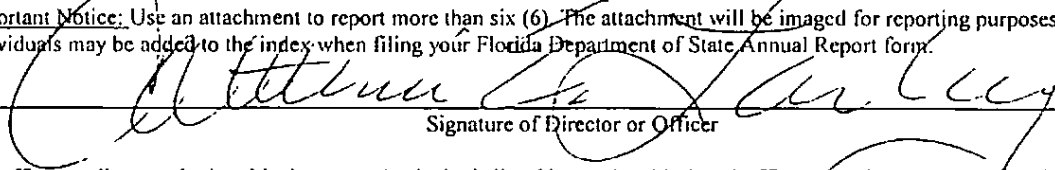
☐ Chairman Name: C. Richard Davis
☐ Vice Chairman Address: _____
☐ Director 11711 N. Meridian Street, #600
☐ President Carmel, IN 46032
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☒ Other Managing Director

☐ Chairman Name: Robert D. Ramsey
☐ Vice Chairman Address: _____
☐ Director 11711 N. Meridian Street, #600
☐ President Carmel, IN 46032
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☒ Other Managing Director

☐ Chairman Name: Nicholas S. Klein
☐ Vice Chairman Address: _____
☐ Director 11711 N. Meridian Street, #600
☐ President Carmel, IN 46032
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☒ Other Managing Director

Additional Name: Peter N. Reist, Managing Director, 11711 N. Meridian Street, #600, Carmel, IN 46032

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.

12. 
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. Catherine Farley, CFO
(Typed or printed name and capacity of person signing application)

FILED
2002 AUG 15 PM 1:11
CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF HAMILTON, FLORIDA

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

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2022 AUG 15 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

OXFORD FINANCIAL GROUP, LTD.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on January 16, 1984, and was in existence or authorized to transact business in the State of Indiana on August 12, 2022

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 12, 2022

HOLLI SULLIVAN
SECRETARY OF STATE

198401-446 / 20222722275

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on September 11, 2022.