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<u>ب</u>ک.

08/16/22

NAME: DYNASTY FINANCIAL CONSULTING, INC.

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

-	Division of Corporations					
SUBJECT:	Dynasty Financial Consulting,	Inc.				
Name of corporation - must include suffix						
Dear Sir or M	1adam:					
"Certificate of		f Good Stand	authorization to Transact Business in Florida," ling" and check are submitted to register the s in Florida.			
Please return	all correspondence concerning	g this matter	to the following:			
Deborah Mite	hell					
		Name of I	erson			
Dynasty Final	ncial Consulting, Inc.					
	***	Firm/Com	pany			
5686 Fulton I	ndustrial Blvd # 44601					
		Addre	SS			
Atlanta, GA 3	0336					
		City/State ar	d Zip code			
milliondollar(@dynastyfinancialconsulting.com					
	E-mail address:	(to be used f	or future annual report notification)			
For further in	nformation concerning this ma	tter, please c	all:			
Deborah Mite	hell	770 It (5186455			
Nan	ne of Person	Area Code	Daytime Telephone Number			
Regi Divi The 2415	SEET/COURIER ADDRESS stration Section sion of Corporations Centre of Tallahassee S.N. Monroe Street, Suite 810 ahassee, FL 32303	:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	a check for the following amounts to the check payable to: FLORIDA DE ling Fee	PARTMENT Fee &	OF STATE \$78.75 Filing Fee &			

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 unavails	able in Florida, enter alternate corporate par	ne adopted for the purpose of transacting business in Florida)		
.		20-1660847		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
08/01/2004		5.		
(Date	of incorporation)	5(Date of duration, if other than perpetual)		
ó				
	(Date first transacted busines	is in Florida, if prior to registration) 7.1502. F.S., to determine penalty liability)		
· <u> </u>		office street address)		
. Name and stree	(Current maintains) (Current maintains) (Current maintains) (Current maintains)	7.1502. F.S., to determine penalty liability) office street address) F.O. Box NOT acceptable)		
Name:	Paracorp Incorporated			
Office Address:	155 Office Plaza Drive, 1st Floor			
	Tallahassec	, Florida 32301		
	(City)	(Zip code)		

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.

(Registered agent's signature)

A. DIRECTORS			
Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director	5686 Fulton Industrial Blvd # 44601	□Director	
President	Atlanta, GA 30336	□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	☐ Treasurer
□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
□()ther		□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; individuals may b	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department of Director of	ent of State Annual R	ed for reporting purposes only. Non-indexed deport form.
The officer or dire she is aware that f s.817.155, F.S.	ector signing this document (and who is listed in number alse information submitted in a document to the Depart	r 11 above) affirms t ment of State constit	hat the facts stated herein are true and that he or utes a third degree felony as provided for in

13. Deborah Mitchell - President

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 08/16/2022

ENTITY NAME: Dynasty Financial Consulting, Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

Control Number: 0452172

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

DYNASTY FINANCIAL CONSULTING, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 23619067 Date Inc/Auth/Filed: 08/30/2004 Jurisdiction : Georgia Print Date : 08/16/2022

Form Number : 211



Brad Rafforeger

Brad Raffensperger Secretary of State