

F22000006203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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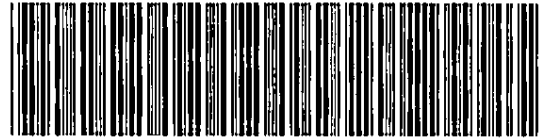
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AVALON GROUP, INC.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Henry PAUL  
Name of Person  
Wilshire Financial Group  
Firm/Company  
8484 Wilshire Blvd #515  
Address  
Beverly Hills, CA 90211  
City/State and Zip code  
HP@WilshireFinancialGroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Henry PAUL at (323) 648-5232  
Name of Person Area Code Daytime Telephone 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$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.

1. AVAZON GROUP, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

THE AVAZON GROUP OF RIVIERA BEACH, INC.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. TEXAS 3. 88-2822699  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. OCTOBER 12<sup>TH</sup> 2018 5. PERPETUAL  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 460 West 35<sup>th</sup> Street, RIVIERA BEACH, FL 33404  
(Principal office street address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JOHNNIE MAE HAYES

Office Address: 460 West 35<sup>th</sup> Street  
RIVIERA BEACH, Florida 33404  
(City) (Zip code)

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**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.*

J M Hayes

(Registered agent's signature)

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]:

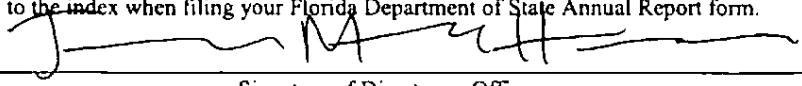
**A. DIRECTORS**

|   |                                      |   |                                      |
|---|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Chairman             | Name: <u>JOHNNIE MAE HAYES</u>       | <input type="checkbox"/> Chairman       | Name: _____                          |
| <input type="checkbox"/> Vice Chairman        | Address: <u>460 West 35th</u>        | <input type="checkbox"/> Vice Chairman  | Address: _____                       |
| <input checked="" type="checkbox"/> Director  | <u>Street</u>                        | <input type="checkbox"/> Director       | _____                                |
| <input checked="" type="checkbox"/> President | <u>Riviera Beach, FL</u>             | <input type="checkbox"/> President      | _____                                |
| <input type="checkbox"/> Vice President       | <u>33404</u>                         | <input type="checkbox"/> Vice President | _____                                |
| <input type="checkbox"/> Secretary            | <input type="checkbox"/> Treasurer   | <input type="checkbox"/> Secretary      | <input type="checkbox"/> Treasurer   |
| <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____ |

|   |                                      |   |                                      |
|---|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Chairman       | Name: _____                          | <input type="checkbox"/> Chairman       | Name: _____                          |
| <input type="checkbox"/> Vice Chairman  | Address: _____                       | <input type="checkbox"/> Vice Chairman  | Address: _____                       |
| <input type="checkbox"/> Director       | _____                                | <input type="checkbox"/> Director       | _____                                |
| <input type="checkbox"/> President      | _____                                | <input type="checkbox"/> President      | _____                                |
| <input type="checkbox"/> Vice President | _____                                | <input type="checkbox"/> Vice President | _____                                |
| <input type="checkbox"/> Secretary      | <input type="checkbox"/> Treasurer   | <input type="checkbox"/> Secretary      | <input type="checkbox"/> Treasurer   |
| <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____ |

|   |                                      |   |                                      |
|---|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Chairman       | Name: _____                          | <input type="checkbox"/> Chairman       | Name: _____                          |
| <input type="checkbox"/> Vice Chairman  | Address: _____                       | <input type="checkbox"/> Vice Chairman  | Address: _____                       |
| <input type="checkbox"/> Director       | _____                                | <input type="checkbox"/> Director       | _____                                |
| <input type="checkbox"/> President      | _____                                | <input type="checkbox"/> President      | _____                                |
| <input type="checkbox"/> Vice President | _____                                | <input type="checkbox"/> Vice President | _____                                |
| <input type="checkbox"/> Secretary      | <input type="checkbox"/> Treasurer   | <input type="checkbox"/> Secretary      | <input type="checkbox"/> Treasurer   |
| <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____    | <input type="checkbox"/> 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.

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. JOHNNIE MAE HAYES  
(Typed or printed name and capacity of person signing application)

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



John B. Scott  
Secretary of State

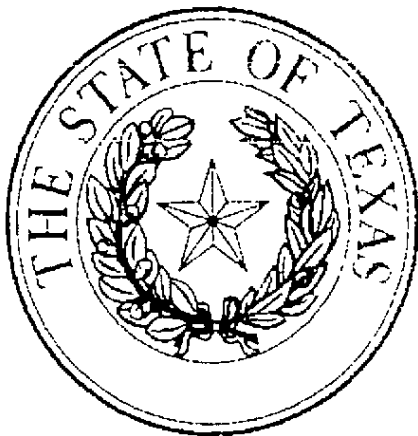
## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Avalon Group, Inc. (file number 803145644), a Domestic For-Profit Corporation, was filed in this office on October 12, 2018.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 24, 2022.



A handwritten signature of John B. Scott, consisting of a stylized 'J' and 'S'.

John B. Scott  
Secretary of State