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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Sect Division of Corpo					
•	Tax Advisory Group, Inc.				
30DJEC1:	Name of corpora	tion - mu	ist include suffix		
Dear Sir or Madam:					
The enclosed "Applicatio "Certificate of Existence, above referenced foreign	or "Certificate of Good!	Standing [*]	and check are sub-	et Business in F. mitted to registe	orida." er the
Please return all correspon	ndence concerning this ma	atter to th	e following:		
Donald F Chamberlin, Jr					
	Name	of Perse	on		
Chamberlin Tax Advisory C	Proup, Inc.				: - [
	Firm/0	Company			
12444 Powerscourt Drive, Ste 200		i i i			
Address					
St Louis, MO 63131		100 B			
	City/Sta	te and Zi	p code	 	
marianne@chamberlin-grou	•				
	E-mail address: (to be us	ed for fu	ture annual report n	otification)	
For further information ec	oncerning this matter, plea	se call;			
Marianne Bouras	at (9(909-1100		
Name of Person	Area (Code	Daytime Teleph	ione Number	_
STREET/COUR Registration Secti Division of Corpo The Centre of Tal 2415 N. Monroe S Tallahassee, FL 3	on orations Iahassee Street, Suite 810		MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	
Enclosed is a check for the Please make check payable t ☐ \$70.00 Filing Fee		□ \$78	STATE .75 Filing Fee & tified Copy	\$87.50 Fill Certificate Certified	e of Status &

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.

i,	x Advisory Group, Inc.			
(Enter name of c	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp,")	"COMPANY," "CORPORATION,"		
(If name unavai	lable in Florida, enter alternate corporate name ad	opted for the purpose of transacting bu	isiness in Florida)	
Missouri		01.0505077		
	ry under the law of which it is incorporated)	(FEI number, if applicable)		
December 16, 2				
(Date of incorporation)		(Date of duration, if other than	perpetual)	
·				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)	Torida, if prior to registration) 2. F.S., to determine negative liability)		
7087 Vilano Lan	c, Melbourne FL 32940			
· <u> </u>	(Principal office	street address)		
	(Current mailing	address, if different)		
			2022	
. Name and <u>stre</u>	et address of Florida registered agent: (P.O.)	Box <u>NOT</u> acceptable)	2022 SEP 2	
Name:	Donald F Chamberlin, Jr	<u> </u>	P 29	
Office Address:	7087 Vilano Lane		<u></u>	
	Melbourne	 Florida ³²⁹⁴⁰	AK D : 3	
	(City)	(Zip code)	$\sim \omega$	

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.

(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.

A. DIRECTORS					
□Chairman	Name: Donald F Chamberlin, Jr	□ Chairman	Name:	 .	
□Vice Chairman	Address:	□Vice Chairman			
□Director	Town & Country, MO 63017	Director			
■President		□President			
□Vice President		□Vice President	<u></u>		
□Secretary	□Treasurer	☐ Secretary		□Treasurer	
□Other		□Other		□Other	_
□Chairman	Name:	□ Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman		·	
□Director		□Director			
□President		□President	***		
□Vice President		□Vice President			_
□Secretary	□Treasurer	□Secretary		☐Treasurer 2	
□Other	□Other	□Other		Other SEP	<u> </u>
				29 AR	· i
□Chairman	Name:	□ Chairman	Name:	्री क नुहुत क	
□Vice Chairman	Address:	□Vice Chairman	Address:	<u>΄</u> . ω	
□Director		□Director			
□President		□President			_
□Vice President		□Vice President		-	
□Secretary	□Treasurer	□Secretary		□Treasurer	
□Other	Other	Other		□Other	
Important Notice: Undividuals may be	Jse an attachment to report more than six (6). The atta added to the index when filling your Florida Departm 8 gnature of Director	ent of State Annual Re	d for reporting peport form.	urposes only. Non-ir	ndexed
The officer or direction she is aware that fall s.817.155, F.S.	tor signing this document (and who is listed in numbers is information submitted in a document to the Depar	er 11 above) affirms th tment of State constitu	at the facts state tes a third degre	d herein are true and ee felony as provided	that he or for in
13. Donald F Ch	amberlin, Jr - President/Owner				_

STATE OF MISSOUR



John R. Ashcroft Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

CHAMBERLIN TAX ADVISORY GROUP, INC. CC0515991

was created under the laws of this State on the 16th day of December, 2002, and is in good standing, having fully complied with all requirements of 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 26th day of September, 2022.

Secretary of State

Certification Number: CERT-09262022-0056

