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COVER LETTER

	istration Section sion of Corporations			
SUBJECT	John C. Flaherty Inc.			
		corporation	- must include suffix	
Dear Sir or I	Madam:			
"Certificate		Good Stand	Authorization to Transact Business in Florida," ling" and check are submitted to register the s in Florida.	
Please return	all correspondence concerning	this matter	to the following:	
John C. Flaho	erty			
		Name of F	erson	
John C. Flahe	erty Inc.		.	96.7
		Firm/Comp	pany	-
PO Box 3176	•			
	, ,	Addre	SS	157
McKinney, T	X 75070			- 77
		City/State an	d Zip code	 ;;
tiffany@flah	ertyfinancialgroup.com			
	E-mail address: (to be used fo	or future annual report notification)	
For further i	nformation concerning this matt	er, please ca	all:	
Tiffany Flaho	erty at	(253	268-3483	
Nar	ne of Person	Area Code		
Reg Divi The 241:	REET/COURIER ADDRESS: istration Section sion of Corporations Centre of Tallahassee 5 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 amour check payable to: FLORIDA DEP iling Fee S78.75 Filing F Certificate of S	ARTMENT Ecc &	OF STATE \$78.75 Filing Fee & S87.50 Filing Fee Certified Copy Certificate of Sta 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.

John C. Flaherty	Inc.			
	orporation; must include "INCORPORATED. orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		
Flaherty Financ	ial Group			
(If name unavail:	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in	i Florida)	
2. Nevada		88-0515852		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
4. 12/13/2001	5			
(Date	of incorporation)	(Date of duration, if other than perpetua	al)	
6. 12/05/2022				
800 Forgotten Fo	(SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7	rest Way, McKinney, TX 75071 (Principal off	ice street address)		
PO Box 3176, M	cKinney, TX 75070	<u></u> ,	7-5	
	(Current maili	ng address, if different)		
8. Name and stree	et address of Florida registered agent: (P.0	D. Box NOT acceptable)	27	
Name:	Incorp Services, Inc.		1	
Office Address:	17888 67th Court North		بې د	
	Loxahatchee	. Florida 33470		
	(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.

Wendy Hefley Wendy Hefley on behalf of Incorp Services, Inc.

(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			1 22 1 1 1				
□Chairman	Name: John (. Flaherty	□Chairman	Name: Ilffany A Flaher				
□Vice Chairman	Address:	☐ Vice Chairman	Address:				
□Director	800 Forgotten Forest Way Mc Kinney, TX 75071	Director	800 Forgotten Forest wa				
■President /	Mc. Kinnoy, 1× 7507/	□President	McKinnay, TX 7507				
☐Vice President		□Vice President					
☐ Secretary	☐Treasurer	\$ Secretary	I ≯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				
Chairman	Name:	□Chairman	Name: , 3				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director		□Director	√.				
□President		□President					
□Vice President		□Vice President					
☐ Secretary	☐Treasurer	☐ Secretary	□Treasurer				
□Other	Other	□Other					
Important Notice individuals may be	See an attachment to report more than six (6). The attact added to the index when filing your Florida Department	it of State Annual R	ed for reporting purposes only. Non-indexed eport form.				
	•						
The officef 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. John C. Flat	nerty President						

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **JOHN C. FLAHERTY, INC.**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 12/13/2001, and is in good standing in this state.

Certificate Number: B202212053206390

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/05/2022.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State