# F24000000489

Office Use Only



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### **COVER LETTER**

	tration Section ion of Co <del>rp</del> ora					
SURIFCT	Wilson Financi	al Group Inc			<u></u>	
SODJECT.		Name of corpora	tion - m	ust include suffix		
Dear Sir or M	adam:					
"Certificate o	f Existence," o	y Foreign Corporation r "Certificate of Good S poration to transact bu	Standing	;" and check are subm	Business in Florida," itted to register the	
Please return	all corresponde	ence concerning this ma	itter to t	he following:		
William Wilso	n					
		Namo	of Pers	on		
Wilson Financ	ial Group Inc					
		Firm/C	Compan	у		
800 N Howard	Ave Unit 452					
		A	ddress			
Tampa, FL 330	506					
		City/Sta	te and Z	ip code		
wilsonfinancia	lgrp@gmail.con					
	E	-mail address: (to be us	ed for f	iture annual report no	tification)	
For further in	formation cond	erning this matter, plea	ise call:			
William Wilson 815		)	Daytime Telephone Number			
Nam	e of Person	Area	Code	Daytime Telepho	one 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 Please make cl	ieck payable to:	following amount: FLORIDA DEPARTM \$78.75 Filing Fee & Certificate of Status	□ \$7	STATE 8.75 Filing Fee & ertified Copy	S87.50 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.

I.	Wilson Finance	Wilson Financial Group, Inc.								
	(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"		-					
	WFG Insurance	e Services, Inc.								
	(If name unavai	name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)								
2.	m:									
(State or country under the law of which it is incorporated) (FEI number, if appli					-					
4.	04/15/2005	5	Perpetual							
	(Date of incorporation)		(Date of duration, if other than perpetual)							
6.	10/16/2023									
		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		,					
7.	800 N. Howard /	Avc., Unit 452, Tampa, FL 33606								
-		(Principal off	ice street address)							
		(Current mailir	ng address, if different)							
_				، د						
8.	Name and stree	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	300						
	Name:	William Wilson		<u> </u>	:					
Office Address:		800 N. Howard Ave., Unit 452		28						
		Tampa	, Florida 33606	70						
		(City)	(Zip code)	<del></del>						
9.	Registered ago	ent's acceptance:		ဒ္ဓ						
На	ving been nam	ed as registered agent and to accept service	ce of process for the above stated corporation	at the p	lace					
•		wppiiculion, I nereny accept the appointm	tent as registered agent and agree to act in the elative to the proper and complete performant		.: T					
m	d I am familiar	with and accept the obligations of my pos	ctative to the proper and complete performant sition as registered agent.	ze of my	duties					
		m								
	<del></del>	(Registered agent's sig	gnature)							

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	•							
Chainnan	Name:	□ Chairman	Name:					
□Vice Chairman	Address: 800 N. Howard Ave., Unit 452, Te	□Vice Chairman	Address:					
□Director		Director						
■ President		□President						
□Vice President		□Vice President	• • •					
■ Secretary	□Treasurer	☐ Secretary		□Treasurer				
Other	Other	Other	<del></del>	Other				
□Chairman	Name:	□ Chairman	Name;					
□Vice Chairman	Address:	□Vice Chairman						
□Director		□Director						
□President		□President						
□Vice President		□Vice President						
□Secretary	□Treasurer	☐ Secretary		□Treasurer				
□ Other	Other	□Other	<del></del>	□Other				
☐Chairman	Name:	☐ Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman						
□Director		Director						
□President		□President						
□Vice President .		□Vice President						
☐ Secretary	□Treasurer	□Secretary		☐Treasurer				
□Other	□Other	□Other		□Other				
Important Notice: U individuals may be a	ise an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filing your Florida Departm	achment will be imaged ent of State Annual Rej	for reporting poort form.	ourposes only. Non-indexed				
12.	(h)							
Signature of Director or Officer								
The officer or direct she is aware that fals s.817.155, F.S.	or signing this document (and who is listed in numbers information submitted in a document to the Depar	er 11 above) affirms that tment of State constitut	it the facts state es a third degre	ed herein are true and that he or the felony as provided for in				

13. William Wilson, President

(Typed or printed name and capacity of person signing application)

#### File Number

6416-914-9



## To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

## Department of Business Services. I certify that

WILSON FINANCIAL GROUP, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 15, 2005, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE. AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 20TH day of NOVEMBER A.D. 2023 .

Authentication #: 2332404422 verifiable until 11/20/2024

Authenticate at: https://www.ilsos.gov

Alexi Dianand

SECRETARY OF STATE