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NAME: THE FINANCIAL SHOP, INC

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

FO: Registration Section Division of Corporations		
The Financial Shop !	nc.	
		- must include suffix
Dear Sir or Madam:		
The enclosed "Application by For "Certificate of Existence," or "Cer above referenced foreign corporat	titicate of Good Stat.	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.
Please return all correspondence of	oncerning this matter	to the following:
Louis Amaya		
	Name of	Person
The Financial Shop, Inc.		
	Firm/Cor	прапу
144 W D Street, Suite 103		
	Add	ess
Encinitas, CA 92024		
	City/State	and Zip code
lamaya@PEMCO-Capital.com		
E-mai	address: (to be used	for future annual report notification)
For further information concerning	ng this matter, please	call:
Louis Amaya	at (858	914-1098
Name of Person	Area Co	de 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 folloplease make check payable to: FLC \$70.00 Filing Fee \$70.00 \$	owing amount: ORIDA DEPARTMEN 8.75 Filing Fee & entificate of Status	TOF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy 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

he Financial Sho	op, Inc.	77700 771011
Enter name of co. Inc.," "Co.," "Co	rporation; must include "INCORPORAT rp," "Inc." "Co," or "Corp.")	TED." "COMPANY." "CORPORATION."
		dented for the purpose of transacting business in Florida)
(If name unavaila	ble in Florida, enter alternate corporate n	name adopted for the purpose of transacting business in Florida)
Califomia		3. 33-0782328 (FEI number, if applicable)
(State or country	under the law of which it is incorporate	d) (FEI number, if appricable)
12/08/1997		5. (Date of duration, if other than perpetual)
(Date	of incorporation)	(Date of duration, it other than perpendict)
		in the 'Contacto majetration'
	(Date first transacted busings) (SEE SECTIONS 607.1501 & 6	ness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liability)
1.4.4 W/D Stepet (Suite 103, Encinitas, CA 92024	
144 W D Street, .	(Princip	oal office street address)
	•	
	(Current	mailing address, if different)
	Curenc	-1, 7
	cm 11 posintered goant	:: (P.O. Box NOT acceptable)
Name and stree	et address of Florida registered agent	
Name:	NRAI Services, Inc.	 중 등 등
ffice Address:	1200 South Pine Island Road	
IIICE Addiess.	Plantation	, Florida 33324
	(City)	(Zip code)
	• • • • • • • • • • • • • • • • • • • •	•
laving been nar lesignated in thi	gent's acceptance: ned as registered agent and to accep is application, I hereby accept the ap comply with the provisions of all sta ir with and accept the obligations of	of service of process for the above stated corporation at the oppointment as registered agent and agree to act in this capulates relative to the proper and complete performance of my position as registered agent.
-		Packel Common
		,
_	Rachel O'Connor, Assistant Secretary	gent's signature)

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

A. DIRECTORS					
⊡Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director	Encinitas, CA 92024	□Director			
President		President			
□Vice President		□Vice President			
□ Secretary	□Treasurer	☐ Secretary	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:		
□Vice Chairma	n Address:	□Vice Chairman	Address:		
Director		□Director			
□President		□President			
□Vice Presider	nt	□Vice President			
Secretary	☐ Treasurer	☐ Secretary	Treasurer		
□ Other	□ Other	□Other	Other		
individuals may		rector or Officer	what the facts stated herein are true and that he		
The officer or director signing this document (and who is listed in number 17 above) arrives that the lates stated intermediate shall be s					

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



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: THE FINANCIAL SHOP, INC.

Entity No.: 2022334 **Registration Date:** 12/08/1997

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 03, 2024.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 216170625

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.