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TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

800002852168-2
-04/26/99-01148-001
*****70.00 *****70.00

SUBJECT: CONSOLIDATED FINANCIAL 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", 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:

MICHAEL E. WALSH

(Name of Person)

CONSOLIDATED FINANCIAL GROUP, INC

(Firm/Company)

1042 VIA FORMIA

(Address)

PUNTA GORDA, FL 33950

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

MICHAEL E WALSH at (941) 505-9885

(Name of Person)

(Area Code & Daytime Telephone Number)

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DIVISIONS

mtm
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STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

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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. CONSOLIDATED FINANCIAL GROUP, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. WISCONSIN 3. 39-1740022
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/5/92 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 5/1/99
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1042 VIA FORMIA

PUNTA GORDA FL 33950
(Current mailing address)

8. FINANCIAL SERVICES
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: MICHAEL E. WALSH

Office Address: 1042 VIA FORMIA

PUNTA GORDA, Florida, 33950
(Zip Code)

10. 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.

Michael E. Walsh
(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** -- P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: MICHAEL E. WALSH

Address: 1042 VIA FORMIA
PUNTA GORDA FL 33950

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: MICHAEL E WALSH

Address: 1042 VIA FORMIA
PUNTA GORDA FL 33950

Vice President: _____

Address: _____

Secretary: MICHAEL E WALSH

Address: 1042 VIA FORMIA
PUNTA GORDA FL 33950

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Michael E. Walsh
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. MICHAEL E. WALSH, PRESIDENT
(Typed or printed name and capacity of person signing application)

DOM
180 181 185

United States of America
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RICHARD L. DEAN, Secretary, Department of Financial Institutions, do hereby certify that
CONSOLIDATED FINANCIAL GROUP, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is
OCTOBER 5, 1992.

I further certify that corporation has, within its most recently completed report year, filed an annual
report required under ss. 180.1622, 180.1921 or 181.1622, Wis. Stats., and that it has not filed articles of
dissolution.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department on April 15, 1999

RICHARD L. DEAN, Secretary
Department of Financial Institutions

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STATE
SECRETARY OF STATE
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1999

BY: Patricia Weber

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by
the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly
held by the Secretary of State.