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Creating Your Financial Future®

2248 Meridian Boulevard, Suite H Minden, Nevada 89423

775-284-7165 - Darla Direct 800-600-1760 - Toll Free 775-824-0105 - Fax dshields@corporatedirect.com

July 21, 2008

Secretary of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Shared Financial Group, LLC

Dear Clerk:

Enclosed please find the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for the above referenced entity, a Certificate of Good Standing from the State of Wyoming and our check in the amount of \$130.00 for the filing fees. Please return this filing in the envelope that has been provided.

Thank you for your assistance with this filing. Should you have any questions, please don't hesitate to contact me at the number above.

Sincerely,

Darla Shields

Account Executive

:ds Encl.

#### TRANSMITTAL LETTER

TO: Registration Section

Division of Corporations				
SUBJECT: Shared Financial Group, LLC				
(Name of Limited Liability Company)				
	nited Liability Company for Authorization to Transact Business in ck are submitted to register the above referenced foreign limited orida			
Please return all correspondence concernin	<del>-</del>			
	Darla Shields (Name of Person)  Corporate Direct, Inc.  (Firm/Company)			
(Name of Person)				
Corporate Direct, Inc.				
(Firm/Company)				
:	2248 Meridian Blvd., Suite H			
	(Address)			
	Minden, NV 89423 .			
(	(City/State and Zip Code)			
For further information concerning this ma	tter, please call:			
Darla Shields	at ( 775 ) 284-7165			
(Name of Person)	(Area Code & Daytime Telephone Number)			
STREET ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
409 E. Gaines Street	P.O. Box 6327			
Tallahassee, Florida 32399	Tallahassee, Florida 32314			
Enclosed is a check for the following amou	int:			
☐ \$125.00 Filing Fee	g Fee & \$\sum \$155.00\$ Filing Fee & \$\sum \$160.00\$ Filing Fee, Certificate ificate of Status & Certified Copy of Status & Certified Copy			

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Shared Financi			
	(Name of Foreign Limited	Liability Company)	
2. Wyoming		3. 2(n-2998029	
(Jurisdiction unde company is organ	er the law of which foreign limited liability nized)	3. $\frac{2998029}{\text{(FEI number, if apple)}}$	icable)
4. 7-14-0	08	5. Perpetual	3 44.3
(D	Oate of Organization)	(Duration: Year limited liability c exist or "perpetual")	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		exist of perpendic	=
6	(Date first transacted business in F	lorida if prior to registration	
	(Date first transacted business in F (See sections 608.501 & 608.502 F.S	S. to determine penalty liability)	O Chris
7. 60 E. Simpson	Avenue, Box 2869		
Jackson, WY	83001		10 to
<del></del>		s of Principal Office)	***
	ility company is a manager-managed usual business addresses of the mar	_	as follows:
Tomas Zubice	ok .		
1041 Harrison	n Avenue		
Panama City,	FL 32401		
the jurisdiction under translation of the cert	iginal certificate of existence, no more than 90 r the law of which it is organized. (A photocop tificate under oath of the translator must be sub	py is not acceptable. If the certificate is in mitted.)	~ ,
11. Nature of bu	isiness or purposes to be conducted of	or promoted in Florida:	<del></del>
Business Servi	ces		·
	Tomas In	the state of the s	
	Signature of a member or an au	Ithorized representative of a mem F.S., the execution of this document constitu	
	Tomas Zubicek, Manager		

Typed or printed name of signee

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
Shared Financial Group, LLC	
2. The name and the Florida street address of the registered agent and office are:	
Gerri Detweiler	2
(Name)	
1037 Greystone Lane	PHIS: 3
Florida Street Address (P.O. Box NOT ACCEPTABLE)	- 33
Sarasota FL 34232	_
City/State/Zip	_

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Don Oekwell
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

### STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

## Shared Financial Group, LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **July 14, 2008**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2008-000557632**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 21st day of July, 2008 at 7:50 PM. This certificate is assigned 003389531.



Mas Massillo
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.