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(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STAT

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EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2009

LAWRENCE PATTERSON 1217 E. CAPE CORAL PKWY. #168 CAPE CORAL, FL 33904

SUBJECT: FINANCIAL PROS, LLC Ref. Number: W09000007383

We have received your document for FINANCIAL PROS, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 909A00005398

Division of Cornerations - P.O. BOY 6397 - Tallahasson, Florida 39314

COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:	Financial Pros, LLC		
	(Name of Lin	nited Liability Company)	
Florida," Ce		ability Company for Authorization to Transac ubmitted to register the above referenced fore	
Please return	n all correspondence concerning this n	natter to the following:	
	Lawrence Patterson		_
	(Na	ame of Person)	-
	Financial Pros, LLC		_
	(Fi	rm/Company)	
	1217 E. Cape Coral Pkwy	. #168	
		(Address)	<u>-</u>
	Cape Coral, FL 33904	ALCA LAH AH	2009 FEB 24
	(City/St	tate and Zip Code)	24
For further is	nformation concerning this matter, ple	ease call:	AH 10: 40
Law	vrence Patterson	at (954) 701-7387	
	(Name of Person)	(Area Code & Daytime Telephone Num	– ber)
Divis P.O.	ILING ADDRESS: sion of Corporations Box 6327 shassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	a check for the following amount: 25.00 Filing Fee \$\sqrt{2}\$130.00 Filing Fee & Certificate of	\$155.00 Filing Fee & \$\infty\$\$160.00 Filing Fee, f Status Certified Copy of Status &	Certificate

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Financial Pros, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(Name of Foreign Emiliar Empliny, must morate Emiliar Empliny Company, D.E.C., of EEC.)	
f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writenessent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C.," "LLC.")	itten
Nevada 3 26-4216147	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
2/5/09 5. "perpetual"	
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
•	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
1217 E. Cape Coral Pkwy. #168	
Cape Coral, FL 33904	
(Street Address of Principal Office)	" "
If limited liability company is a manager-managed company check here	S MAN
The name and usual business addresses of the managing members or managers are as follows:	
Lawrence Patterson	
The second secon	
1217 E. Cape Coral Pkwy. #168	
Cape Coral, FL 33904	
O. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a anslation of the certificate under oath of the translator must be submitted.)	sin
1. Nature of business or purposes to be conducted or promoted in Florida: life/health insurance	
products & related services, annuities	
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Lawrence Patterson	

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:
Financial Pros, LLC
If name unavailable, the alternate name to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
Lawrence Patterson
(Name)
1217 E. Cape Coral Pkwy. #168
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Cape Coral, 33904 FL
City/State/Zip SAFY
Having been named as registered agent and to accept service of process for the above stated limiteds 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.
(Auntina full) 20 (Signature)

Filing Fee for Application

Certificate of Status (optional)

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 100.00

\$ 5.00

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE (INCLUDING AMENDMENTS)

I, ROSS MILLER, the duly elected and qualified 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, corporation soles, 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, FINANCIAL PROS, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 5, 2009, and is in good standing in this state.

I further certify, that the above limited liability company has Articles of Organization and no amendments on file in this office as of the date of this certificate.

O A THE OF

Electronic Certificate
Certificate Number: C20090220-2779
You may verify this electronic 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 February 20, 2009.

ROSS MILLER Secretary of State