# 411000001289

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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L. SELLERS					
MAR 1 1 2011					
EXAMINER					

Office Use Only



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SECRETARY OF STATE
ALLAHASSEF, FLORID.

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

March 4, 2011

Re: WealthMax Financial Group LLC

Dear Sir or Madam:

Enitia Corporation has been authorized by Brian D. & Danae R. McGann to file the enclosed Registration for WealthMax Financial Group LLC.

#### Please Note:

The Registered Agent is Julian S. West, who resides at 741 Oak Shadows Rd., Celebration, FL 34747

If you need any additional information, you can reach us at

1-877-281-6496 (toll free) documents@directincorporation.com

We have enclosed an additional \$130.00 for one "Certificate of Status". For your convenience, I have enclosed a self-addressed envelope.

Thank you,

Ed Stahlin Enitia Corporation

### **COVER LETTER**

TO:

TO:	Registration Section Division of Corporations						
SUBJE							
Name of Limited Liability Company							
		bility Company for Authorization to Transact Business in Florida," Certificat above referenced foreign limited liability company to transact business in Florida.					
Please	return all correspondence concerning this m	natter to the following:					
	Edward Stahlin						
Name of Person							
Direct Incorporation							
Firm/Company							
123 N Ashley Street Suite 123							
Address							
Ann Arbor, Mi 48104							
City/State and Zip Code							
E-mail address; (to be used for future annual report notification)							
For fur	ther information concerning this matter, ple	ease call:					
	Edward Stahlin	at (877281-6496					
	Name of Person	Area Code & Daytime Telephone Number					
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
	sed is a check for the following amo \$\frac{1}{130.00}\$ \text{ Filing Fee} \text{Filing Fee} \text{Certificate of St}	Fee & \$\Bigcap\$155.00 Filing Fee & \$\Bigcap\$160.00 Filing Fee, 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 LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

LIMITED LIABILITY CONTAINS ACTION AND ACTION ACTION AND ACTION AND ACTION ACTION AND ACTION ACTION AND ACTION		DIALE OF FLORIDA:	
1. WEALTHMAX FINANCIAL GROUP L	.LC		T 6 10
(Name of Foreign Limited Liability (	Company; must includ	e "Limited Liability Company," "L.L.C.," or "I	.LC.")
(If name unavailable, enter alternate name a	dopted for the purpose	of transacting business in Florida and attach a	copy of the written
Company," "L.L.C," "LLC.")	ers adopting the after	nate name. The alternate name must include "Lin	mited Liability
2. TEXAS  (Jurisdiction under the law of which forei	<u> </u>	(FEI number, if applicable)	
company is organized)	gn ilmited liability	(FEI number, if applicable)	
4 07/29/2010	_	pernetual	
(Date of Organization)	5.	perpetual (Duration: Year limited liability company wi	ill case to
(Date of Organization)		exist or "perpetual")	ii cease to
6			
(Date first trans	acted business in Flor	ida, if prior to registration.) o determine penalty liability)	
(See sections 608	.501 & 608.502 F.S. t	o determine penalty liability)	
7. 2604 Long Prairie Rd. Ste 200, Flow	er Mound, TX 75022	2	
	<u> </u>		
	(Street Address o	f Principal Office)	
8. If limited liability company is a m	anager-managed c	ompany check here	
9. The name and usual business addr	esses of the mana	ging members or managers are as follow	/s:
BRIAN D. MCCANIN. 720 GAIZ OLIA	DOWO DD OF ED	BATION SUBJECT	
BRIAN D. MCGANN - 729 OAK SHA	DOWS RD, CELEB	RATION, FL 34747	<del></del>
DANAE R. MCGANN - 729 OAK SH	ADOWS RD. CELE	BRATION, FL 34747	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	51111011,1201111	
	***		
		ys old, duly authenticated by the official having co	
translation of the certificate under oath of the tr	anized. (A photocopy	is not acceptable. If the certificate is in a foreign k	inguage, a
		•	
11. Nature of business or purposes to	be conducted or	promoted in Florida: Providing Tax Free S	Strategies
for Retirement Income, Asset Protecti	on, Estate Preserva	tion and Insurance Planning	
	,		<del></del>
	<del>s</del> ce		EAST TO
Signature of a	member or an auth	norized representative of a member.	
(In accordance with section 608	.408(3), F.S., the execut	ion of this document constitutes an affirmation under	-9 -9 -9 -9
penalties of perjury that the fa	cts stated herein are true	. I am aware that any false information submitte	dilla -n -n
		a third degree felony as provided for in s.817.15	
Edward Stahlir	n, Authorized Persor	<del></del>	SIA SIA
	Typed or printed	name of signee	25 39 39 39 S

# 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.

I. The name of	the Limited Liability Compa	iny is:			
WEALTHMAX	FINANCIAL GROUP LLC	<u> </u>			
If unavailable, t	he alternate to be used in the	state of Florida is:			
2. The name an	d the Florida street address o	of the registered agent and office are:			
	Julian S. West				
		(Name)			
	741 Oak Shadows Rd.				
	Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	Celebration	FL 34747 City/State/Zip			
liability compan agent and agree relating to the pi	y at the place designated in th to act in this capacity. I furth reper and complete performan	o accept service of process for the above st is cert ficate, I hereby accept the appointmer agree to comply with the provisions of a nce of my duties, and I am familiar with an as provided for in Chapter 608, Florida St	tent as registered all statutes d accept the		
		•			
	\$ 100.00	Filing Fee for Application			
	\$ 25.00 \$ 30.00	Designation of Registered Agent Certifled Copy (optional)			
	\$ 5.00	Certificate of Status (optional)			

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



## Office of the Secretary of State

#### **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for WealthMax Financial Group LLC (file number 801299451), a Domestic Limited Liability Company (LLC), was filed in this office on July 29, 2010.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 03, 2011.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Hope Andrade Secretary of State

TID: 10264

Dial: 7-1-1 for Relay Services Document: 357654640003