State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | **Email:** corporations@sos.ri.gov | **Website:** www.sos.ri.gov

R.I. DEPT. OF STATE
2017 JUN -2 PM 3:19

Application for Certificate of Authority
Foreign Business Corporation
Filing and License Fee: $310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:

Capital Financial Services, Inc.

2. It is incorporated under the laws of: Wisconsin

3. The name, if different, which it elects to use in the State of Rhode Island is:

(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:

(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:

CFS-ND, Inc.

4. The date of its incorporation is: 8/11/1980

And the period of its duration is: **CHECK ONLY ONE BOX**

☒ Perpetual (on-going)

☐ Date certain for dissolution _____

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5. The address of its registered office is:

1821 Burdick Expressway, W. Minot ND 58701

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BY CH 305119
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Form No. 150
Revised: 2016

6. The name and address of the initial registered agent/office of in Rhode Island:

Agent Name: C T Corporation System		
Street Address (NOT a P.O. Box): 450 Veterans Memorial Parkway, Suite 7A		
City/Town: East Providence	State: RHODE ISLAND	Zip Code: 02914

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Retail Securities Broker Dealer

8. (a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country under which it is incorporated):

NAME	ADDRESS

Check the box to indicate an attachment. ☐

8. (b) The names and respective addresses of its principal officers (optional unless officers are required under the laws of the state or country under which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	Donald Waage	1821 Burdick Expressway, W. Minot ND 58701
VICE PRESIDENT		
TREASURER	Bart Bohrer	1821 Burdick Expressway, W. Minot ND 58701
SECRETARY	Nicole Bertsch	1821 Burdick Expressway, W. Minot ND 58701

Check the box to indicate an attachment. ☐

9. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
2800	Common		No Par Value

Form No 150
Revised: 2016

10. (a) Estimate, in dollars, the value of all property to be owned or the portion of the property owned by the corporation for the ensuing year wherever located:

$ 102,250

(b) Estimate, in dollars, the value of the corporation's property to be located within Rhode Island during the following year:

$ 0

(c) Estimate, as a percentage, the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. *Note: Divide (10b) by (10a) and multiply by 100 to obtain the percentage.*

(100) %

11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year:

$ 17,500,000

(b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year:

$ 0

(c) Estimate, as a percentage, the proportion of business that is to be transacted by the corporation at or from places of business in Rhode Island during the following year. *Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.*

(100) %

12. This application must be accompanied by a Certificate of Good Standing or Certificate of Status issued by the proper officer of the state or country under the laws of which it is incorporated, dated within 90 days of the date of filing of this document.

13. Date when the Certificate of Authority will be effective (Check only one box):

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the day of filing) _____

Under penalty of perjury, I declare, pursuant to R.I. Gen. Laws § 7-1.2-1406, that I have examined this Application for Certificate of Authority, including any accompanying documents, and to the best of my knowledge and belief, all statements contained therein are true.

Signature of Authorized Officer of the Corporation	Type or Print Name of Authorized Officer	Date
SIGN DOCUMENT HERE	Donald Waage, President	5/30/2017

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

CAPITAL FINANCIAL SERVICES, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is August 11, 1980.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 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 May 31, 2017.

MARY ANN MCCOSHEN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code: **201135-FCCBD125**