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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: METROPOLITAN 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 R ROBINS	
(Name of Person)	
METROPOLITAN FINANCIAL GROUP, INC. (Firm/Company)	
6726 S. REVERS PARKWAY SUITE # 120 PM S	
(Address)	_
CENTENNIAL, CO 80112 SE TO (City/State and Zip code)	ī
(City/State and Zip code)	ſ
For further information concerning this matter, please call:	
(Name of Person) at (303) 346-4331 (Area Code & Daytime Telephone Number)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations Pivision of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	:



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 4, 2005

MICHAEL R. ROBINS METROPOLITAN FINANCIAL GROUP, INC. 6726 S. REVERE PKWY, STE 120 CENTENNIAL, CO 80112

SUBJECT: METROPOLITAN FINANCIAL GROUP, INC.

Ref. Number: W05000022649

We have received your document for METROPOLITAN FINANCIAL GROUP, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

The adopted name you have chosen is not available. Please choose another name.

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) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 305A0003187

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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. METROPOLITAN FWANCIAL GROUP INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp,")
MFG METROPOLITAN FINANCIAL GROUP, INC. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. CocoRADo (State or country under the law of which it is incorporated) 3. 84-1520613 (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. \[\begin{align*}
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6.
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 6726 S. REVERE PKWY. STE 120 CENTENNIAL Q. BOILZ
(Principal office address)
(Principal office address) 6726 S. REVERE PKWY. STE 120 CONTENDIAL CO. 80112 (Current mailing address)
(Current mailing address)
8. MORTEMEE BROKER BUSINESS (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
(Purpose(s) of corporation authorized in nome state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: CT CORPORATION SYSTEM
Office Address: 1200 S. PWE ISLAND RD.
RANTATION Florida 33324 (City) (Zip code)
(City) (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 dutie and I am familiar with and accept the obligations of my position as registered agent.
Jennifer Quinn
Assistant Secretary
mutof
(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 business addresses of officers and/or directors:

A. DIRECTORS Chairman: _ Address: Vice Chairman: _____ Address: _ Director: Address: _ Director: Address: **B. OFFICERS** 2. iZOBWS MICHAEI President: SIE CENTENNIAC Vice President: Address: _ ROBIN S ZOSAPHINE CENTENNIAL 8JE 150 Treasurer: _ Address: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) MICHAEL · PRESIDENT

(Typed or printed name and capacity of person signing application)



DEPARTMENT OF **STATE** CERTIFICATE

I, DONETTA DAVIDSON, Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

METROPOLITAN FINANCIAL GROUP, INC. (Colorado CORPORATION) File # 19991191888

was filed in this office on October 13, 1999 and has complied with the applicable provisions of the laws of the State of Colorado and on this date is in good standing and authorized and competent to transact business or to conduct its affairs within this state.

Dated: January 27, 2004

For Validation:

Certificate ID: 759275

To validate this certificate, visit the following web site, enter this certificate ID, then follow the instructions displayed.

www.sos.state.co.us/ValidateCertificate