

F97000006163

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: TIGER FINANCIAL SERVICES, INC.  
(Name of corporation - must include suffix)

200002352992--6  
-11/20/97--01072--005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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:

Barbara H. Fornell  
(Name of Person)  
Tiger Financial Services, Inc.  
(Firm/Company)  
149 Sand Pine Dr.  
(Address)  
Jupiter, FL 33477  
(City/State/Zip)

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97 NOV 20 PM 4:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Should you need to call someone concerning this matter, please call:

Barbara Fornell at ( 561 ) 743-9094  
(Name of Person) (Area Code & Daytime Telephone Number)

*JL 11/20*

COURIER ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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.*

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1. Tiger Financial Services, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Louisiana 3. 72-1200712  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/21/91 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 01/01/98  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 149 Sand Pine Dr.  
Jupiter, FL 33477  
(Current mailing address)

8. Bookkeeping, tax preparation  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Barbara H. Fornell

Office Address: 149 Sand Pine Dr.  
Jupiter, Florida, 33477  
(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 duties, and I am familiar with and accept the obligations of my position as registered agent.*

Barbara H. Fornell  
(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 addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: Barbara H. Fornell

Address: 149 Sand Pine Dr., Jupiter, FL 33477

Vice Chairman: Glen H. Fornell

Address: 149 Sand Pine Dr., Jupiter, FL 33477

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: Barbara H. Fornell

Address: 149 Sand Pine Dr.  
Jupiter, FL 33477

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

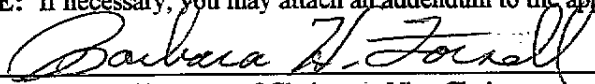
Secretary: Glen H. Fornell

Address: 149 Sand Pine Dr.  
Jupiter, FL 33477

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Barbara H. Fornell  
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA  
State of Louisiana



**Jox McKeithen**  
SECRETARY OF STATE

*As Secretary of State, of the State of Louisiana, I do hereby Certify that*  
the Articles of Incorporation of

TIGER FINANCIAL SERVICES, INC.

Domiciled at LAFAYETTE, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation  
was issued on November 21, 1991,

I further certify that no Certificate of Dissolution has  
been issued.

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TALLAHASSEE, FLORIDA

*In testimony whereof, I have hereunto set  
my hand and caused the Seal of my Office  
to be affixed at the City of Baton Rouge on,*

November 7, 1997

*Jox McKeithen*

CGR

*Secretary of State*

