10200004727 TRANSMITTAL LETTER

TRANSMITTAL LETTER
TO: Registration Section Division of Corporations
SUBJECT: FINANCIAL DYNAMICS, LTD. 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:
Dan Rivers
PROFESSIONAL MASS MARKETING (NTEINATION RE)
6 Palerno Ave
(Address) (Ora Gable), (City/State and Zip code) (Address) 10100076047918 -09/09/0201071-010 (City/State and Zip code)
For further information concerning this matter, please call:
Dan Rivers at (305) 441 0023
(Name of Person) (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 Corporation CORRECT F 1-Namu P.O. Box 6327 Tallahassee, FL 32314 DATE 9-17-02
Enclosed is a check for the following amount: DOC. EXAM
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy
10^{10}

189, 659, 547, 671



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

September 10, 2002

DAN RIVERS 6 PALERMO AVE CORAL GABLES, FL 33134

SUBJECT: FINANCIAL DYNAMICS, LTD

Ref. Number: W02000026174

02 SEP 16 AMII: 26

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

A brief description of the entity's nature of business must be included in the document.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 902A00051846

Division of Compositions D.O. DON coop -

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. Fina	inciar Dynamics.	CTD: INC			
(Name of corp	oration; must include the word "INCO	RPORATED", "COMPAN			,
	eviations of like import in language as or partnership if not so contained in the		is a corporation instead	of a	
			1		
	bland	3. <u>OS- 0 8</u>	4 1 8 7 3 4 (FEI number, if applical	1.1.3	
(State or countr	ry under the law of which it is incorpor	,		•	
4. 10-0	7-85	5. Per pa	MAL		. ,
(Da	ate of incorporation)	(Duration: Ye	ar corp. will cease to ex	ist or "perpetual")	
6. <i>UP</i> t	on antification	1			
(Date first trans	sacted business in Florida. If corporate	ion has not transacted busin	ness in Florida, insert "u	pon qualification.")	
	(SEE SECTIONS	3 607.1501, 607.1502 and 8	_		
7. <u>6</u>	Palerno Avenue	Suite 100	CORPI COU	bles, 123,	313U
,	(Principal	office address)	~ 1.		·
6_	Palerno Avenue	5 8148 100	Cereior Coubl	es, 123331	f
		nailing address)		75 c	•
_	~ <i>C</i>	4.		2 8	
·	INSURANCE SOURSE,			8	
(Purpose	e(s) of corporation authorized in home	state or country to be carri	ied out in state of Florida	a) 🚉 😈	: E
9. Name and <u>st</u>	treet address of Florida registere	ed agent: (P.O. Box or l	Mail Drop Box <u>NOT</u>	acceptable)	-
Name:	ROBERT SLOTT N	PUNAUN			2 2
		·			-
Office Address:	6 Palerno Avenue	SUITE 100		26	
	Coron Gables, Fr (City)	, Florida	33134	girin.	
	(City)		(Zip code)		
10 Desistend	tis socontones				

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.

(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** DAN Rivers South Post Perso 3333) Vice President: # (04 33134 ATTY AT LION PROVIDENCE Vor Rs 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) Mesiden 14. (Typed or printed name and capacity of person signing application)

Edward S. Inman, III, Secretary of State

The Office of the Secretary of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

FINANCIAL DYNAMICS, LTD.

a Rhode Island corporation, filed original articles of incorporation in this office on the seventh day of October A.D., 1985; and

IT IS FURTHER CERTIFIED that said corporation is now of record and in good standing in this office.

SIGNED AND SEALED this twenty-ninth day of July A.D., 2002.

Secretary of State

BKallua antonelli

