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(Requestor's Name)			
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PICK-UP WAIT	MAIL		
(Business Entity Name)			
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Certified Copies Certificates of Sta	tus		
Special Instructions to Filing Officer:]		

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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Cascade Financial Management Inc. (Name of corporation - must include suffix)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Busine "Certificate of Existence," and check are submitted to register the above referenced fore transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
John Van Sant	Zs ≥
(Name of Person)	
Cascade Financial Management Inc.	
(Firm/Company)	72 73
1512 Larimer Street Suite 250	- J. J
(Address)	
Denver CO 80202	<u> </u>
(City/State and Zip code)	
For further information concerning this matter, please call:	
John Van Sant at (303) 292-1121	
(Name of Person) (Area Code & Daytime Telephone Num	iber)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS New Filing Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ns
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Ce	.50 Filing Fee, ertificate of Status & ertified Copy

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.

(Enter name of c	E Financial Manage orporation; must include "INCOR			ATION,"	<u>.</u>
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")				
					.
	able in Florida, enter alternate corp	orate nam	e adopted for the purpose of tran	sacting business in Florida	a)
2. Colorado)	3	•		_
	under the law of which it is incorp		(FEI number,		
4. 05/09/20	001 e of incorporation)	5	<u>Perpetual</u>		_
(Date	of incorporation)		(Duration: Year corp. will co	ease to exist or "perpetual"	")
6					_
	(Date first transacte (SEE SECTIONS 607.15	d business 01 & 607.1	in Florida, if prior to registration 502, F.S., to determine penalty	n) liability)	
_~ 1512 Lar	imer Street Suite 2		- ·		
/		al office ad			_
1512 Lar	imer Street Suite 2	250 D	enver CO 80202	<u>></u>	
		mailing ad			_
	1		1.		
8. <u>Fina</u>	ncial 4. Investments) of corporation authorized in hom	ur	Management	- CD1 - 14/3 CO - CM	_
(Purpose(s	s) of corporation authorized in nom	e state or o	country to be curried out in state	of Florida)	***************************************
9. Name and stree	et address of Florida registered a	agent: (P.	O. Box NOT acceptable)	5 - 1 S	# # #27/00/00
Name:	Client 1st Adviso	rs		22	
Office Address:	611 Druid RD Ea	st Sui	te 707	िंग च	
	Clearwater		Elorida 33756	[2] [
	(City)		, Florida 33756 (Zip code)	- 및 H 30	
10 Dowintowed a					
	gent's acceptance: sed as regist <u>e</u> red agent and to a	ccept Seri	vice of process for the above	stated corporation at th	e place
designated in this	application, hereby accept the	e appoint	ment as registered agent and	d agree to act in this cap	pacity. I
further agree to c and I am familia	omply with the provisions of all with/and accept the obligation	u statutes is of my p	retative to the proper ana co osition as registered agent.	mptete perjormance of	my aunes,
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	6// // // //				
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	(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.

A. DIRECTORS Chairman: Address: Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS President: David Turner Address: 1512 Larimer Street Suite 250 Denver CO 80202 Vice President: Address: Secretary: Judith Lundquist Address: 1512 Larimer Street Suite 250 Denver CO 80202 Treasurer: Address: NOTE: 12 Larimer Street Suite 250 Denver CO 80202 Treasurer: Address: NOTE: 12 Larimer Street Suite 250 Denver CO 80202 Treasurer: Address: NOTE: 12 Larimer Street Suite 250 Denver CO 80202	12. Names and business addresses of officers and/or directors:		
Address: Director: Address: Director: Address: Director: Address: Director: Address: Director: Address: Director: Address: Director: Address: David Turner Address: 1512 Larimer Street Suite 250 Denver CO 80202 Vice President: Address: Secretary: Judith Lundquist Address: 1512 Larimer Street Suite 250 Denver CO 80202 Treasurer: Address: NOTE: Innecessary, you may stack an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. David Turner	A. DIRECTORS		
Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS President: David Turner Address: 1512 Larimer Street Suite 250 Denver CO 80202 Vice President: Address: Secretary: Judith Lundquist Address: 1512 Larimer Street Suite 250 Denver CO 80202 Treasurer: Address: NOTE: Innecessary, you may speach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. David Turner	Chairman:		
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David Turner	NOTE: If/necessary, you may attach an addendum to the application listing additional officers a	ınd/or directors.	•
(Typed of Dringed name and capacity of person signing application)	14. David Turner (Typed or printed name and capacity of person signing application)		

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Ginette Dennis, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

CASCADE FINANCIAL MANAGEMENT, INC.

is a Corporation

formed or registered on 05/09/2001 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20011094413.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/15/2006 that have been posted, and by documents delivered to this office electronically through 03/20/2006 @ 15:28:06.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 03/20/2006 @ 15:28:06 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 6445329.



Sinette Dennis

Secretary of State of the State of Colorado

*************End of Certificate*************************

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.da entering the certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."