March 29, 2000

900003191529--2 -03/31/00--01049--001 *****87.50 *****87.50

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

RE: TRIAD FINANCIAL INC.

F-2016 W-9296

Enclosed please find completed application for authorization to transact business in Florida, accompanied by Certificate of Existence, and also check in the amount of \$87.50.

Kindly process at your earliest possible convenience.

Very truly yours,

Frank Baiata

President

TRIAD FINANCIAL INC.

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TALLAHASS LEFT STATE

TRANSMITTAL LETTER

To: Qualification/Tax Lien Se	
Division of Corporations	D .
Thin I	111111111111111111111111111111111111111
SUBJECT: IRIA-P	TINANCIAL INCOrporated
	(Name of corporation - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by For "Certificate of Existence", and ch to transact business in Florida.	reign Corporation for Authorization to Transact Business in Florida", eck are submitted to register the above referenced foreign corporation
Please return all correspondence of	concerning this matter to the following:
	SISAN (MOGERO
	(Name of Person)
-Th.;	
<u> IRIAL</u>	O TIWAWCIAL LINCORPORATED
	(Firm/Company)
390	Ma Roading Ste 190 3 7
	(Address)
_ Jaki	cho New York 11753 # 3 5
·	(City/State/Zip)
Chauld you need to sell company	Did.
Should you need to can someone of	concerning this matter, please call:
SISAN CONGRE	(Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
•	
STREET ADDRESS:	MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee & Certificate of Status

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

☐ \$78.75 Filing Fee & Certified Copy

\$87.50 Filing Fee, Certificate of Status & Certified Copy

RESOLUTION OF BOARD OF DIRECTORS (Please print or type)

I, the undersigned		BAILTA	, do hereb	y certify	· <u>1</u> ,
•	(Nan	ne)			
that this Resolution of the	Board of Dir	ectors of	<u></u>		·
TRIAD F	INAN	CIAL IN	<u></u>	- ,	
	(Corporat	e Name)	=	. 1	
a corporation duly organi	zed and existi	ng under the laws o	of the State of <u>W</u>	EW YORK	
was duly adopted on	mil 10,		,20	1	
Be it resolved, that TR	IAD FI	N IN CIAL (Corporate Nam	INCORF	PORATED	
organized and existing in		, l		pts the name	
Triad Financia	1 of Nei	w York Inc.	for	use in Florida.	i i
*		•			
Dated: 4/10/200	<u>2</u>				_
			- :	7. SEC.	TV _E
Signat	ure of either Cha	irman, Vice Chainnan	or any officer	R	6 8
Fro	ink /	Sai ata -	Pres, dent	ARY OF STA	
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INHS19(1/00)

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. TRIAD TINANCIAL TWC (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. New OR 3. 11-30/800 Q (State or country under the law of which it is incorporated) 4. Date of incorporation) 3. Verpetual (Duration: Year corp. will cease to exist or "perpetual")
(Date of indorporation) (Duration: Year corp. will cease to exist or "perpetual") 6
390 No. Broadway Ste 190 JERICHO, NEW YORK 11753 (Currentymailing address)
8. To engage in any lawful act or activity for which Corporations may be formed on der (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Butties, Gaperation Law,
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: HERBERT HOSOW Office Address: 10311 COPPERLAKE Drive
Office Address: 10311 COPPERLAKE Drive Boywton Beach, Florida, 33437 (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 designate in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to c mply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and a cept 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.

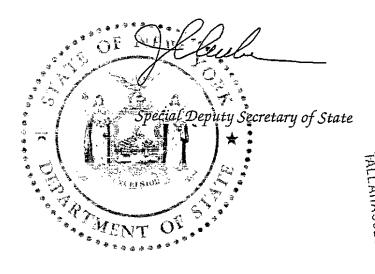
Chairman: Address: Vice Chairman: Address: Director: Address: 3. OFFICERS (Street address only - P.O. Box NOT acceptable) President: FRANK BAIAHA Address: 3. OFFICERS (Street address only - P.O. Box NOT acceptable) TERICHO NEW YORK I 1753 Vice President: RICHARD ROSS Address: Address: Address: Address: Address: Address: Address: Correctary: Address: Correctary: Correct	DIRECTORS (Street address only - P.O. Box NOT acceptable)
Vice Chairman: Address: Director: Address: B. OFFICERS (Street address only -P.O. Box NOT acceptable) President: FRANK BAIA+A Address: 390 No. BROADWAY JE 190 JERICHO NEW YORK 11753 Vice President: RICHARD CROSS Address: GLO WHITE PLAINS ROAD TORRY JOWN NEW YORK 1.0591 Secretary: Address: COTE: If necessary you many attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	nairman:
Address: Director: Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: FRANK BAIAH Address: 390 No. BROADLAY STELLYO JERICHO NEW YORK 11753 Address: (LO WHITE PLAINS ROAL) TORRY-TOWN NEW YORK 10591 Georetary: Address: WOTE: If necessary, your pay attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	Idress:
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	F/ Swe
4. Frank Baiata - President (Typed or printed name and capacity of person signing application)	

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of TRIAD FINANCIAL INC. was filed on 05/22/1990, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 22nd day of March two thousand.

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