F0000000066759

TO: Registration Section Division of Corporations	•
SUBJECT: GM FINANCIAL GROUP, INC.	_
(Name of corporation - must include suffix)	_
Dear Sir or Madam: ***********************************	786——9 1060—010 *****87.50
Please return all correspondence concerning this matter to the following:	
Michael Marzano	
(Name of Person)	
GM FINANCIAL GROUP, INC.	-
(Firm/Company)	
1191 E. Newport Center Drive, Penthouse B	
(Address)	
Deerfield Beach, FL 33442	
(City/State and Zip code)	-
For further information concerning this matter, please call:	
Michael Marzano at (954) 974-3800 (Area Code & Daytime Telephone Number)	
/STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	o Wall
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & Certificate of Status Certified Copy Certified Copy Certified Copy	.s.& _





FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 17, 2000

MICHAEL MARZANO GM FINANCIAL GROUP, INC. 1191 E. NEWPORT CENTER DRIVE, PENTHOUSE DEERFIELD BEACH, FL 33442

SUBJECT: GM FINANCIAL GROUP, INC.

Ref. Number: W00000027385

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

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

Please provide a mailing address. If it is the same as the principal office address, you may say "same as above."

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

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is avalid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

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) 487-6958.

Lee Rivers Document Specialist

Letter Number: 500A00059196



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

November 29, 2000

MICHAEL MARZANO GM FINANCIAL GROUP, INC. 1191 E. NEWPORT CENTER DR, PENTHOUSE B DEERFIELD BEACH, FL 33442

SUBJECT: GM FINANCIAL GROUP, INC.

Ref. Number: W00000027385

We have received your document for GM 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):

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If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers Document Specialist

Letter Number: 500A00059196

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.

	GM F IN	TACTUTE OTCO	,01, 111			_
(Name of corpor	ation; must in	clude the word "I	NCORPORA	TE arly	D", "COMPANY", "CORPORATION" or indicate that it is a corporation instead of a	
natural person or	partnership i	f not so contained	in the name	at p	resent.)	
New Yo	rk			3.	11-3566933	_
(State or country	y under the la	w of which it is in			(FEI number, if applicable)	_
Septem	ber 22,	2000		5.	Perpetual	- ··- ==
(Date	of incorpora	tion)			(Duration: Year corp. will cease to exist or "perpetual")	
						- .
(Date first transac	cted business)
1191 E.	Newport					33442
		•	•	ıddr	ess)	
				• • •		· , μας
		(Curi	ent mailing a	addr	ess)	
· · · · · · · · · · · · · · · · · · ·						ces
		ion authorized in	home state or	r coi	intry to be carried out in state of Florida)	0
Name and str	<u>eet address</u>	of Florida regi	stered agen	ıt:	(P.O. Box or Mail Drop Box NOT acceptable)	
Name:	MICHA	nel Marza	Νo			
ffice Address:	1191 80	KT NEWPOUT	CENTER D	RN	IE PENNOUSE B	à W
	DETRACE	LD BEACH			, Florida <u>33442</u> 50	
,		(City)	,		(Zip code)	22
0. Registered a	gent's acce	ptance:			т.	
laving been nan	ned as regisi	tered agent and	to accept se	ervi	ce of process for the above stated corporation at the	place
esignated in this orther ourse to d	s application comply with	i, I hereby acce the provisions	pt the appoi of all statut	intn es r	ient as registered agent and agree to act in this cap elative to the proper and complete performance of i	acity. 1 ny
uties, and I am	familiar wit	h and accept th	e obligation	is o	f my position as registered agent.	•
_	×Mya	hall	Mor	7	MO	-
	Words or abbrevinatural person or New Yor (State or country Septem (Date (Date first transact 1191 E. To provide (Purpose(sand insurated insurated insurated insurated in this stransact	(Name of corporation; must in words or abbreviations of like natural person or partnership in the New York (State or country under the lasseptember 22, (Date of incorporation) (Date first transacted business 1191 E. Newport (Purpose(s) of corporation dinsurance. Name and street address Name: Michael Develor (Date of incorporation dinsurance) (Purpose(s) of corporation dinsurance) (Purpose(s) of corporati	(Name of corporation; must include the word "I words or abbreviations of like import in language natural person or partnership if not so contained New York (State or country under the law of which it is in September 22, 2000 (Date of incorporation) November (Date first transacted business in Florida. If corporation (SEE SECT) 1191 E. Newport Center I (Pringular Same as (Curtour I Same as (Curtour I Same as (Curtour I Same and Insurance.) Name and street address of Florida region (Purpose(s) of corporation authorized in and insurance.) Name: MICHREL MARRO (City) O. Registered agent's acceptance: aving been named as registered agent and assignated in this application, I hereby acceptance in the surgest of the provisions at ties, and I am familiar with and accept the surface of the surf	(Name of corporation; must include the word "INCORPORAWords or abbreviations of like import in language as will clean atural person or partnership if not so contained in the name New York (State or country under the law of which it is incorporated) September 22, 2000 (Date of incorporation) November 1, 2000 (Date first transacted business in Florida. If corporation has (SEE SECTIONS 607.1: 1191 E. Newport Center Drive, Principal office as Same as above (Current mailing as Insurance) To provide accounting, financial plant (Purpose(s) of corporation authorized in home state of and insurance. Name and street address of Florida registered agent Name: MICHAEL MARADNO	words or abbreviations of like import in language as will clearly natural person or partnership if not so contained in the name at p New York (State or country under the law of which it is incorporated) September 22, 2000 (Date of incorporation) November 1, 2000 (Date first transacted business in Florida. If corporation has not to (SEE SECTIONS 607.1501, 1191 E. Newport Center Drive, Per (Principal office address) Same as above (Current mailing address) (Current mailing address) To provide accounting, financial planning (Purpose(s) of corporation authorized in home state or country and insurance. Name and street address of Florida registered agent: Name: MICHAEL MARADNO ffice Address: 191 East NEWPAL CLARAL DENGLISHED BEACH (City) DETERED BEACH (City) A Registered agent's acceptance: aving been named as registered agent and to accept services as a signated in this application, I hereby accept the appointmentation, and I am familiar with and accept the obligations of attemptions of the statutes of the sta	(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.) New York 3. 11-3566933 (State or country under the law of which it is incorporated) September 22, 2000 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") November 1, 2000 (Date first transacted business in Florida, If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 1191 E. Newport Center Drive, Penthouse B, Deerfield Beach, FL (Principal office address) Same as above (Current mailing address) To provide accounting, financial planning, tax preparation, investment service in the provide and insurance. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Name L MARADNO ffice Address: USLEW NEWPOM CAMPA DRINE PENNOVSE B Develop Beach, Florida 33442 (City) (City) Florida 33442 (Cip code)

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: FRANK P. MARZANO
Address: 30 MAN STREET
PORT WASHINGTON, N.Y. 11050
Vice Chairman: ROBERT G. FEDERICI
Address: 30 Mmn STREET
PMI WORKINGTON, N.Y. 11050
Director: ANTHONY J. VIOLA
Address: 30 MMN STREAT
PORT WOSINMAN, N.Y. 11080
Director:
Address:
B. OFFICERS
President: Frank P. Marzano
Address: 30 MBN STREAT PORT WAS INNETON, N.Y. 11050
7 5 5 T
Vice President: Address:
Additions: The second s
Secretary: Robert G. Federici
Address: 30 MMN STREET, PORT WEEKINGTON, N.Y. 11050
Treasurer: ANTHONY J. VIOLA
Address: 30 MAN STREET, POW WASHINGON, N.Y. 11050
Address: 50 (grad 1710ger) Policy bubly property for y
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. X Helen 6 Dedeux
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. ROBERT G. FEDERICI, VICE - CHAIRMEN (Typed or printed name and capacity of person signing application)
(x y ped or printed name and capacity or person signing approaching

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of GM FINANCIAL GROUP, INC. was filed on 09/22/2000, 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 16th day of November two thousand.

200011170373 51

Special Deputy Secretary of State

00 DEC -6 PM 12: 03