

F02000002036

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

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

FILED
2002 APR 19 AM 10:50
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

THOMAS M. KIERNAN

(Name of Person)

KIERNAN FINANCIAL SERVICES, INC.

(Firm/Company)

300005308043--5

-04/19/02-01044-006

*****70.00 *****70.00

763 1/2 23RD AVENUE NORTH

(Address)

ST. PETERSBURG, FL 33704

(City/State and Zip code)

For further information concerning this matter, please call:

TOM KIERNAN

(Name of Person)

at (727) 422-1345

(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 Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

J. BRYAN APR 24 2002

**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. KIERNAN 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. DELAWARE 3. 30-0041493
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. FEBRUARY 5, 2002 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(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.)
7. 763 1/2 23RD AVENUE NORTH ST. PETERSBURG, FL 33704
(Principal office address)
- SEE ABOVE -
(Current mailing address)

8. ACCOUNTING & TAX SERVICES
(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: THOMAS M. KIERNAN

Office Address: 763 1/2 23RD AVENUE NORTH

ST. PETERSBURG, Florida 33704
(City) (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.

Thomas M. Kiernan

(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.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: THOMAS M. KIERNAN

Address: 763 1/2 23RD AVENUE NORTH

ST. PETERSBURG, FL 33704

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Thomas M. Kiernan

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

14. PRESIDENT - THOMAS M. KIERNAN

(Typed or printed name and capacity of person signing application)

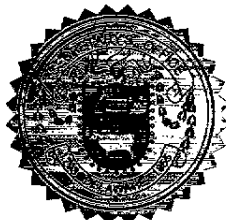
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TALLAHASSEE, FLORIDA

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KIERNAN FINANCIAL SERVICES INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF MARCH, A.D. 2002.



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020165117

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1663200

DATE: 03-13-02