# F0200005152

#### TRANSMITTAL LETTER

	Divis	stration Sectionsion of Corpor	ations				,			
	SUBJECT:	Vie	wTrade (Nan	FiNAWci ne of corporati	ion - mu	VeTwork 3 st include suffix)	INC.			=
•	Dear Sir or M	Aadam:								
	"Certificate of	d "Application of Existence", usiness in Flor	and check ar	Corporation for e submitted to	r Author register	rization to Transa r the above referer	et Business in Flo aced foreign corp	rida", oration		
	Please return	ı all correspon	dence concer	ning this matt	er to the	following:				
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	JAMES (No	ST. Clair ame of Person	<del>-</del> )	at ( <u>56</u> (Are	/ )_ea Code	620 – 0306 & Daytime Teleph	none Number)	<del></del> .	***	<u></u> 44. *
Nam <b>e</b> A::ailabilit <b>y</b>	Registration	ADDRESS: n Section Corporations			Reg Div	ILING ADDRES gistration Section vision of Corporat		SECRE TALLAH	02 OCT	-
Tocument Traminer	. 409 E. Gair					). Box 6327 llahassee, FL 323	14	TARY (	_	FILED
Undater	Enclosed is	archeck for th	ne following	amount:				)FS	PH 2:	
ibi dier Verläyer	\$70.00	Filing Fee	S78.75 Fi Certifica	ling Fee & ite of Status		3.75 Filing Fee & rtified Copy	□ \$87.50 Fil. Certificat Certified	ie offickatur	33	
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### FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

September 24, 2002

JAMES ST. CLAIR VIEWTRADE FINANCIAL NETWORK INC 7280 WEST PALMETTO PARK RD., STE 105 BOCA RATON, FL 33433

SUBJECT: VIEWTRADE FINANCIAL NETWORK INCORPORATED

Ref. Number: W02000027722

We have received your document for VIEWTRADE FINANCIAL NETWORK INCORPORATED and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6913.

Diane Cushing Corporate Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Letter Number: 902A00054183

#### 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

The State of A Boliday.	
1. View Trade Financial Network Incorporated	
Visited of outpotation, must highligh the word "INCORPORD A TEN" "COAST A YEAR "COAST A YEAR "	
or debut which of the unport in language as will clearly indicate that it is a	
natural person or partnership if not so contained in the name at present.)	
2 · Aalouse	
2. <u>Oelaware</u> (State or country under the law of which it is incorporated)  3. 22-3635031 (FEI number, if applicable)	
(FEI number, if applicable)	
4. $\frac{7}{25}$ /01 $\frac{1}{25}$	
4. Perpetual  (Date of incorporation)  5. Perpetual  (Duration: Year corp. will cease to exist or "perpetual")	
(Duration: Year corp. will cease to exist or "perpetual")	
6. Upon qualitication	
6. Upon qualif. Allow  (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  (SEE SECTIONS 607.1501. 607.1502 and \$17.155. F.S.)	E -
7. 7280 West Palmetta Park Rd. STE 105 Boca Rator, FL 33433	
1. LOUD COEST IN 1999 TO TANK Rd. STE 103 BOCK RATON FL 33433	
(Principal office address)	-
SAME AS Above (Current mailing address)	
(Current mailing address)	
수꾼 중	
S Committee Comm	
8Orokerage services	=
8. Brokerage 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: JAMES ST. Clair	
9. Name and street address of Florida maintain	_
7. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
Name: JAMES ST. Class	
	-
Office Address: 7280 West PALMETTO PARK Rd. STE 105	
BOCA RATON, Florida 33433	
(City), Florida <u>33433</u>	
(City) (Zip code)	
10. Registered agent's accompany	

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. DIREC	rors -
Chairman: _	JAMES ST. CLAIR CFO/CCO
	7280 West Palmetto Park Rd. STE 105
	BOCA ROTON FL. 33433
	n: Robert Dombrowski - coo
Address:	525 WASKINGTON BLUD 35Th FL.
	Versey City NV 07310
Director	ZOHAR HOD - CEO
Address:	CIE Madine Ton Man 25th St. 5
/ Iddiess	Versey City NT 07310
	, ,
Address:	SE 02
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B. OFFICE	RS AG
President:	SSEE. P
	, F 3 2:
<del></del>	RAI S
—— Vice Presiden	
.xuaress	
Secretary:	the state of the s
Address:	
Freasurer:	
Address:	
NOTE: If no	cessary, you may attach an addendum to the application listing additional officers and/or directors.
(	occounty, for many angless any additional to the application risking additional officers and/or directors.
13.	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
4. IX	LMES STOLATA, COA
	(Typed or printed name and capacity of person signing application)

## Delaware

### The First State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIEWTRADE FINANCIAL NETWORK, 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 TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2002.



Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 2008891