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| (Requestor's Name) (Address)            |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Dusiness Entity Name)                  |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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Office Use Only



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### TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: Encore Financial Services Group, Inc. (Name of corporation - must include suffix)   |
| 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:  |
| Maura Goldstein Zx 8   |
| (Name of Person)   |
| (Name of Person)  Encore Financial Services Group, Inc.  (Firm/Company)  |
| 1818 S. Australian Ave. 19450  |
| West Palm Beach, FL 33409  (City/State and Zip code)   |
| VVest taim Deach, the 33709 (City/State and Zin code)  |
| (City/blate and Zip code)  |
| For further information concerning this matter, please call:   |
| (Name of Person) at (212) 279-9824  (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 \$\Boxed{1}\$ \$78.75 Filing Fee & \$\Boxed{1}\$ \$78.75 Filing Fee & \$\Boxed{1}\$ \$87.50 Filing Fee, Certificate of Status & Certified 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.

| I. Encor                             | re Financi          | Lal Service:<br>ude the word "INCO          | S Groi                  | ip, Inc.                                | W #CODDOD I                        | ara) III          |             |  |            |
|--------------------------------------|---------------------|---|-------------------------|---|------------------------------------|-------------------|-------------|--|------------|
| words or abbre                       | viations of like in | oport in language as v                      | xPORATI<br>xill clearly | ED , COMPAN v indicate that it is       | Y", "CORPORA)                      | HUN OF            |             |  |            |
| natural person                       | or partnership if n | ot so contained in the                      | e name at               | present.)                               | s a corporation his                | sicau oi a        |             |  |            |
|                                      |                     |   | ,                       | •                                       |                                    |                   |             |  |            |
| 2. <u>Dela</u> r                     |                     | <u>=</u>                                    | 3.                      | <u>65-1046</u>                          |                                    |                   |             |  |            |
| (State or country                    | y under the law of  | f which it is incorpor                      | ated)                   | (                                       | FEI number, if ap                  | plicable)         |             |  |            |
| 4. 12/13                             | 2/00                |   | 5                       | perpeti                                 | ia 1                               |                   |             |  |            |
|                                      | te of incorporatio  | n)  |                         |   | r corp. will cease                 | to exist or '     | 'perpetual' | ")   |            |
| 6. <u>upon</u>                       | ann 1 d E d an      | . 4 . 4                                     |                         |   |                                    |                   |             |  |            |
| O. <u>upon</u> (Date first trans     | acted business in   | Florida. If corporation                     | on has not              | transacted busine                       | ess in Florida ince                | ert "unon a       | alification | <u>, ")</u>  | Ÿ          |
| (200 120 1201                        |                     | (SEE SECTIONS                               | 607.1501                | , 607.1502 and 8                        | 17.155, F.S.)                      | on upon qu        | iaimeauoi.  | <i>I. )</i>  |            |
| -1010 0 -                            |                     |   |                         |   |                                    |                   |             |  |            |
| 7. <u>1818 S. A</u>                  | <u>Australiar</u>   | 1 Ave., #450<br>(Principal                  | ) West                  | : Palm Bea                              | ich. FL 33                         | 409               |             | <u> </u>   |            |
|                                      |                     | (Timerpar                                   | onice add               | 1035)                                   |                                    |                   | <b>-</b> 4. | $\Box$   |            |
| <u> 1818 S. A</u>                    | Australian          | Ave., #450                                  | ) West                  | Palm Rea                                | ich, FL 33                         | 1409              |             | <u>\sigma}                                    </u> |            |
|                                      |                     | (Current m                                  | ailing add              | ress)                                   |                                    |                   |             | V  |            |
|                                      |                     |   |                         |   |                                    |                   | ASS:        | ;<br>;;;;  |            |
| 8.Holding o                          |                     | <u> </u>                                    |                         | <u> </u>                                |                                    |                   | Ħ,          |  |            |
| (Purpose                             | (s) of corporation  | authorized in home                          | state or co             | ountry to be carrie                     | d out in state of F                | lorida)           | <b>国</b> }… | Ī  | C          |
| 0 Nome and st                        | raat addrace af     | Florida rogietoro                           | d agants                | (P.O. Pou or M                          | Inil Duan Day N                    | OT                | <u> </u>    | Ö  |            |
| 7. Name and <u>st</u>                | icet address of     | Florida registere                           | ı agent.                | (1.O. BOX 01 W                          | ian Diop Box <u>iv</u>             | <u>O I</u> accep  | lague)      | 10   |            |
| Name:                                | CT Corp             | oration Sys                                 | tem                     |   |                                    |                   |             | -134.5   |            |
|                                      | 1200 0              | D   |                         |   |                                    |                   |             |  |            |
| Office Address:                      | 1200 S.             | Pine Islan                                  | a Ra.                   |   |                                    |                   |             |  |            |
|                                      | Plantat             | ion   |                         | , Florida_                              | 22224                              |                   |             |  |            |
|                                      |                     | (City)                                      |                         | , 1 101104 _                            | (Zip code)                         |                   |             |  |            |
|                                      | ·                   |   |                         |   | (p ++)                             |                   |             |  |            |
| 10. Registered                       |                     |   |                         |   |                                    |                   |             |  |            |
| Having been na                       | med as registere    | ed agent and to ac                          | cept servi              | ice of process fo                       | or the above star                  | ted corpor        | ation at t  | he plac  | :e         |
| aesignatea in th<br>further caree to | is application, I   | hereby accept the provisions of all         | appointi<br>etatutae    | nent as register                        | ed agent and ag                    | gree to act       | in this ce  | rpacity  | . <i>I</i> |
| juither ugree to<br>duties, and I am | familiar with a     | e provisions of un-<br>and accept the oblig | siaiuies i<br>gations o | retutive to the pr<br>of my position as | roper unu comp<br>s registered age | nete perjoi<br>nt | mance o     | j my   |            |
|                                      |                     | and decept the conf                         | <b>,</b> 0,             | y my position w                         | s registeren uge.                  | 104.              |             |  |            |
|                                      |                     |   |                         |   |                                    |                   |             |  |            |
|                                      |                     | A114  | 0                       |   |                                    |                   |             |  |            |
|                                      |                     | (Registered                                 | Sant's =                | iomatura)                               |                                    | <del></del>       |             | · ·  |            |
|                                      |                     | (registered                                 | agent s si              | ignature)                               |                                    |                   |             |  |            |

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:  | Robin Shapiro   |  | ·  |
|------------|---|--|--|
| Address: _ | 545 West End Ave., #11-E  |  |  |
| _          | New York, NY 10024  |  |  |
| Vice Chair | man: <u>n/g</u>   |  |  |
| Address: _ |   |  |  |
| _          |   |  |  |
| Director:  | Charles Lowe  |  | <del></del>  |
| Address: _ | 1120 Park Ave.  |  |  |
| _          | Hoboken, NJ 07030   |  |  |
| Director:  | 480 S. Churchill Rd.  |  | 8  |
| Address: _ | Teaneck, NJ 07666   | SECHETIM!                              | NOV 2  |
| -          |   | 五五                                     | - <del>1</del> |
| B. OFFI    | CERS  | H <sub>G</sub>                         |  |
| President: | Harold Grossman   | E FLORIDA                              | က့   |
| Address:   | 480 S. Churchill Rd.  | <b>P</b>                               | (°)  |
|            | Teaneck, NJ 07666   |  | ··· <u>·</u> ·····   |
| Vice Presi | dent: N/a   |  |  |
| Address:   |   | <del></del>                            |  |
|            |   |  | <del></del>  |
| Secretary: | Robin Shapiro   |  |  |
| Address:   | 545 West End Ave., #11-E, New York, NY 10024  |  |  |
|            | Charles Lowe  | ······································ |  |
| Address:   | 1120 Park Ave., Hoboken, NJ 07666   | <del></del>                            |  |
|            |   |  |  |
| NOTE:      | If necessary, you may attach an addendum to the application listing additional officers and/o | or directors.                          |  |
| 13         | (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the app          | olication)                             |  |
| 14         | Tharles Lowe CFD  | ,,                                     |  |
| 4 F1       | (Typed or printed name and capacity of person signing application)                            |  |  |

## Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ENCORE FINANCIAL SERVICES GROUP, 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-EIGHTH DAY OF OCTOBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Warriet Smith Windson, Secretary of State

AUTHENTICATION: 2056763

DATE: 10-28-02

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