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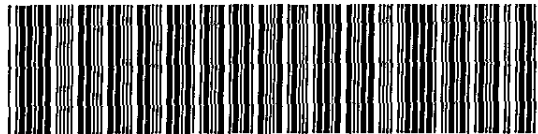
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIBERTY FINANCIAL 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:

PAM BAKER

(Name of Person)

LIBERTY FINANCIAL GROUP, INC.

(Firm/Company)

7 CHURCH ROAD

(Address)

HATFIELD, PA 19440

(City/State and Zip code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

PAM BAKER

(Name of Person)

at (215) 996-5656

(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



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

November 18, 2002

PAM BAKER
LIBERTY FINANCIAL GROUP, INC.
7 CHURCH ROAD
HATFIELD, PA 19440

SUBJECT: LIBERTY FINANCIAL GROUP, INC.
Ref. Number: W02000032772

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

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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

Letter Number: 002A00062195



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

December 19, 2002

PAM BAKER
LIBERTY FINANCIAL GROUP, INC.
7 CHURCH ROAD
HATFIELD, PA 19440

SUBJECT: LIBERTY FINANCIAL GROUP, INC.
Ref. Number: W02000032772

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

The doing business as name you have chosen is not available. Please select a new name.

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

Letter Number: 502A00066752

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned G. Thomas Madonna, do hereby certify
(Name)

that this Resolution of the Board of Directors of _____

Liberty Financial Group, Inc.

(Corporate Name)

a corporation duly organized and existing under the laws of the State of Pennsylvania

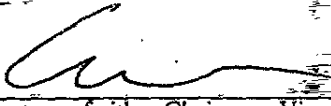
was duly adopted on March 13, 2000

Be it resolved, that Liberty Financial Group, Inc.
(Corporate Name)

organized and existing in the State of Pennsylvania, hereby adopts the name

Liberty Financial Commercial Leasing Group, Inc. for use in Florida.

Dated: 12/13/2002



Signature of either Chairman, Vice Chairman or any officer

G. Thomas Madonna, President
Type or print name

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**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. LIBERTY FINANCIAL GROUP, 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. PENNSYLVANIA

(State or country under the law of which it is incorporated)

3. 23-3033029

(FEI number, if applicable)

4. 03-13-2000

(Date of incorporation)

5. PERPETUAL

(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. 7 CHURCH ROAD HATFIELD PA 19440

(Principal office address)

7 CHURCH ROAD HATFIELD PA 19440

(Current mailing address)

8. COMMERCIAL LESSOR OF TANGIBLE PERSONAL PROPERTY

(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: LOUIS G. MADONNA

Office Address: 3113 South Ocean Drive (#1001)

Hallandale

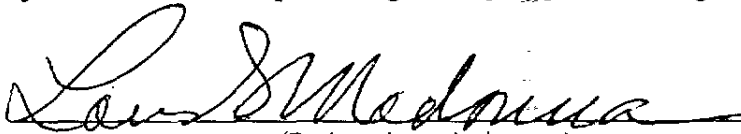
(City)

Florida 33009

(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.



(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

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: G. THOMAS MADONNA

Address: 847 APRIL HILL WAY, HARLEYSVILLE, PA 19438

Vice President: ERICH P. MAERZ

Address: 643 NORTHFIELD LANE, HARLEYSVILLE, PA 19438

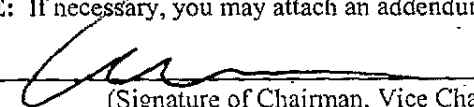
Secretary: JoANN CUCCiarRE

Address: 410 TURNBERRY WAY, SOUDERTON, PA 18964

Treasurer: R. MICHAEL DeGROAT

Address: 714 HARTRANFT AVENUE, FT. WASHINGTON, PA 19438

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. G. THOMAS MADONNA, PRESIDENT
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

NOVEMBER 06, 2002

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

LIBERTY FINANCIAL GROUP, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania
and remains a subsisting corporation so far as the records of this office
show, as of the date herein.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's
Office to be affixed, the day
and year above written.

C. Michael Stewart

Secretary of the Commonwealth

DPOS

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TALLAHASSEE, FLORIDA