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(Address)

(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FRIEDMAN'S FINANCIAL GROUP, LLC
(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:

SIMON FRIEDMAN
(Name of Person)
FRIEDMAN'S FINANCIAL GROUP, LLC
(Firm/Company)
9380 E 130 N.
(Address)
PENNSAUKEN, NJ 08110
(City/State and Zip code)

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For further information concerning this matter, please call:

SIMON FRIEDMAN at (215) 939-4569
(Name of Person) (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

**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. FRIEDMAN'S FINANCIAL GROUP LLC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

FFGL
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE 3. 59-3782646
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/4/04 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UP ON 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. 3422 OLD CAPITOL TRAIL, SUITE 700, WILMINGTON, DE 1980
(Principal office address)
9380 RT 130 N, PENNSAUKEN NJ, 08110
(Current mailing address)

8. CONSUMER FINANCE
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

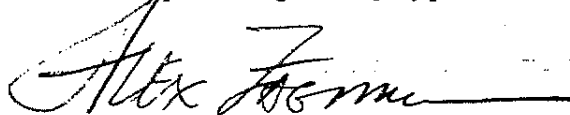
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: GOVERNMENT CARS DISTRIBUTION CENTER INC.

Office Address: 8020 NW 7th AVE PA 9-891
MIAMI, Florida 33150
(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.



(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:

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A. DIRECTORS

Chairman:

LINDA FRIEDMAN

Address:

2170 HENRY Common, HOLLAND, PA 19866

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President:

LINDA FRIEDMAN

Address:

SAME AS ABOVE

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.

(Signature of Director or Officer listed in number 12 of the application)

14.

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

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CERTIFICATE

COMMONWEALTH OF PENNSYLVANIA)

) SS:

COUNTY OF PHILADELPHIA)

I CERTIFY THAT THE ATTACHED COPY OF LETTER-VERIFICATION ISSUED BY *HARRIET SMITH WINDSOR*, SECRETARY OF STATE OF THE STATE OF DELAWARE ISSUED FOR "**FRIEDMAN'S FINANCIAL GROUP, LLC**" ON THE NINTH DAY OF FEBRUARY, A.D. 2004 WITH AUTHENTICATION NUMBER **2918894** IS TRUE COPY OF THE ORIGINAL WITH NOTHING ADDED, AMENDED OR ERASED.

**IN WITNESS WHEREOF, I HEREUNTO SET MY HAND AND OFFICIAL SEAL
THIS 21ST DAY OF FEBRUARY 2004**



NOTARY PUBLIC

Notarial Seal
Lyudmila Kotik, Notary Public
Philadelphia, Philadelphia County
My Commission Expires Apr. 24, 2004
Member, Pennsylvania Association of Notaries

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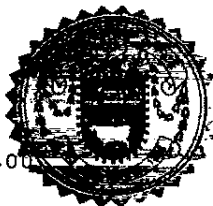
Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FRIEDMAN'S FINANCIAL GROUP, LLC." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF FEBRUARY, A.D. 2004.

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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2918894

DATE: 02-09-04