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Special Instructions to	Filing Officer:	
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Office Use Only



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### TRANSMITTAL LETTER

TO: Registration Division of	Section Corporations						٠	
SUBJECT:E	ast West Fi <i>s</i>	ncial Servic	es. Inc.	•				_
<u></u>		(Name of corpor		lude suffix)			<del></del> ~	
Dear Sir or Madam								
The enclosed "App" "Certificate of Exis transact business in	tence", and che						to	
Please return all cor	теspondence co	oncerning this ma	tter to the follo	wing:				
John E. La	wler	or recognition	<u> دريا</u> پښو		<b>14</b> 3 4		- 114 	14. T.
		(Nam	e of Person)					
<u>East West</u>	Financial Se	ervices Inc. (Firm	/Company)	<u> </u>	. म. १८ <b>१ क्र</b> प्रमुख्यात के		<u></u>	
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For further informa	tion concerning	this matter, plea	se call:			<b>-</b> :		
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Joni Lawle		at (_703		770 ext 15			==	凹凹
(Name of	Person)	(At	ea Code & Day	time Telepho	ne Number)	LOHIDA	APP -2 JAYII: 13	
STREET ADDRE Registration Section Division of Corport 409 E. Gaines St. Tallahassee, FL 32	n ations		Registrati Division P.O. Box	G ADDRESS on Section of Corporation 6327 ee, FL 32314	ns			
Enclosed is a check	for the followi	ing amount:						
□ \$70.00 Filing F		5 Filing Fee & ficate of Status	☐ \$78.75 Fi Certified		S87.50 Fi	ite of Stat		

# 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.	East West Financial Services. Inc.	<b>→</b> 2
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
	mo., 66., 66.p., mo, 66. or 66.p.	
	same name	* . **
•	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	,
2.	Virginia 3 4 54_1425720	
۳.	Virginia 3. 54-1435728 (State or country under the law of which it is incorporated) (FEI number, if applicable)	ee
4.		
	(Date of incorporation)  5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")	
6.	Upòn Qualification	<del>:=</del>
	(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.	1497 Chain Bridge Rd., #304, McLean, Va 22101 (Principal office address)	<u> </u>
	1497 Chain Bridge Rdl,#304, McLeap, VA 22101	
	(Current mailing address)	₹? 
		<i>t</i> ≥ = 1
8.	Mortgage Broker	3
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	<del>-</del>
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	(ير)
	Name: Robert K. Gray	
0	ffice Address: 6001 Pine Tree Drive	
	Miami Beach, , Florida 33140	, <del>.</del>
	(City) (Zip code)	
	ullet	

#### 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:

	John E. Lawler		<del></del> - /	· · · · · · · ·	e Sulveye um Sulveye	· · · · · · · · · · · · · · · · · · ·	<del></del> .					
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B. OFFICEI	RS John E. Lawler				· · · · · · · · · · · · · · · · · · ·		•			AGE CO		
B. OFFICEI	RS John E. Lawler 4740 N. 34th S	t.			· · · · · · · · · · · · · · · · · · ·		3 47	and a management of the second		LISECITE IA		
B. OFFICEI President:	Arlington, VA	22207					•	and a management of the second		BECTE ARE O	[1, 1/2] -2 M	
B. OFFICEI President: Address: Vice President:	Arlington, VA	22207		VIII.			3.0	and a management of the second		SECTLIAR OF STA	Charte -2 Will:	nieD.
B. OFFICEI President: Address: Vice President:	Arlington, VA	22207		VIII.					· · · · · · · · · · · · · · · · · · ·	BECTE FARE OF STATE	Ch APR -2 AHIII: 13	PIED
B. OFFICEI President: Address: Vice President: Address:	Arlington, VA	22207		411					· · · · · · · · · · · · · · · · · · ·	RECEPTION OF STATE		<u> </u>
B. OFFICEI President: Address: Vice President: Address:	John E. Lawler 4740 N. 34th S Arlington, VA	22207		451						SECRE ARE OF STATE	1.0	
President: Address: Vice President: Address: Secretary:	John E. Lawler 4740 N. 34th S Arlington, VA  John E. Lawler	22207 27., Arl	ington,	VA	22207					SECRETARE OF STATE	) (F)	
B. OFFICEI President: Address: Vice President: Address: Secretary: Address:	Arlington, VA  John E. Lawler  4740 N. 34th S  Arlington, VA	22207 Z., Arl	ington,	VA	22207					BECFE FARE OF STATE	**************************************	
B. OFFICEI President: Address: Vice President: Address: Secretary: Address:	John E. Lawler 4740 N. 34th S Arlington, VA  John E. Lawler	22207 Z., Arl	ington,	VA	22207					BECFE FARE OF STATE	**************************************	

John E. Lawler, President (Typed or printed name and capacity of person signing application)

# Commontoealth & Hirginia



# State Corporation Commission

## I Certify the Following from the Records of the Commission:

EAST WEST FINANCIAL SERVICES, INC. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is November 20, 1987.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: March 17, 2004

Joel H. Peck, Clerk of the Commission