F04000002967

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

Office Use Only



700036249997

05/19/04--01033--002 **87.50

04 HAY 19 AM 9: 12

FILED SECRETARY OF STATE DIVISION OF CORPCRATIONS

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Fintera Capital (Name of corpora	Corporation	
(Name of corpora	tion - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to transact business in Florida.		
Please return all correspondence concerning this mat-	ter to the following:	
DAVID BURG		
(Name	of Person)	
Fintera Capital Corporati		
(Firm/0	Company)	
209 West Central St	reet	
(Ac	ldress)	
NAtion . MA 01760		
(City/Stat	te and Zip code)	
For further information concerning this matter, please	e call:	
IFAt Shelon at (50)	a Code & Daytime Telephone Number)	04 S
(Name of Person) (Are	a Code & Daytime Telephone Number)	SECRETARY SECRETARY OF CO
		NE SE
STREET ADDRESS:	MAILING ADDRESS:	<u> </u>
Registration Section	Registration Section	RP SP S
Division of Corporations	Division of Corporations	9: RAT
409 E. Gaines St.	P.O. Box 6327 Tallahassee, FL 32314	2 E
Taliahassee, FL 32399	Tananassee, FL 32314	δ,
Enclosed is a check for the following amount:		
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & S87.50 Filing I Certified Copy Certificate of Certified Copy	Status &

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.

		'Co," or "Corp.")	acomprete name ad	ontad for the nur	pose of transacting busin	ass in Florida)
\sim			_			
(State or country under the law of which it is in		incorporated) 3. 20-0232934 (FEI number, if applicable)				
(State of Count	try under the lav	w of which it is in	corporated)	17)	number, ir appricable)	
۔معر	23, 29	<u>503</u>	5	Pe	cpetual orp. will cease to exist o	
Upon	QUALIFI	cation		···	in Florida, insert "upon	
(Date first tran	sacted business	in Florida. If cor	poration has not tra IONS 607.1501, 6	ensacted business 07 1502 and 817	in Florida, insert "upon 155 F.S.)	qualification.")
2-0	1.1. 3	-				
209	W/84	Lenger	Street	20146	102 NATION	MA 0 176
		(rin	cipar office addres	s)		
JAMe			rent mailing addres			
					out in state of Florida)	ntohia)
Name and s	treet address	of Florida regis	stered agent: (P.		out in state of Florida) Drop Box <u>NOT</u> accep	ptable)
Name and s	treet address SAUT 1201 Se	of Florida regis	stered agent: (P.	O. Box or Mail 	Drop Box NOT accep	ptable)
Name and <u>s</u> Name:	treet address SAUT 1201 Se	of Florida regis	stered agent: (P.	O. Box or Mail 	Drop Box NOT accep	otable)
Name and s	treet address SAUT 1201 Se	of Florida regis	stered agent: (P	O. Box or Mail 	Drop Box NOT accep	otable) 04 MAY 19
Name and so Name:	treet address Spul 1201 Sc 140114w	of Florida regis	stered agent: (P.	O. Box or Mail 	Drop Box NOT accep	otable) 04 MAY 19 AM
Name and some: Name: fice Address: Registered	treet address Spul 1201 Sc 1401444 agent's accep	of Florida regis	stered agent: (P	O. Box or Mail 5405 , Florida <u>3</u>	Drop Box <u>NOT</u> acception a	04 MAY 19 AM
Name and so Name: Tice Address: Registered aving been not signated in the other agree to the signated agree to the signature agree agre	1201 Se Hollyw Agent's accepamed as registe his application o comply with	of Florida regis	to accept service of the appointmen	O. Box or Mail 5 7 Florida of process for the as registered tive to the prop	Drop Box <u>NOT</u> acception acception and agree to accept and complete performant acception.	04 MAY -9 Fration at the plant in this capacit
Name and so Name: Tice Address: Registered awing been not signated in the there agree to	1201 Se Hollyw Agent's accepamed as registe his application o comply with	of Florida regis	to accept service of the appointment	O. Box or Mail 5 7 Florida of process for the as registered tive to the prop	Drop Box <u>NOT</u> acception acception and agree to accept and complete performant acception.	04 MAY -9 Aration at the plant in this capacit

- 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: Address: Vice Chairman: Address: ____ Director: Address: ___ Director: Address: ___ B. OFFICERS SUZANN Dr warrington PA 18976 Vice President: Address: Secretary: _ Address: ____ Treasurer: IFAt Shelon Address: 28 FARMHILL RD MARCH MA 01760 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

April 30, 2004

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

FINTERA CAPITAL CORPORATION

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting 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.

Secretary of the Commonwealth