

F04000003009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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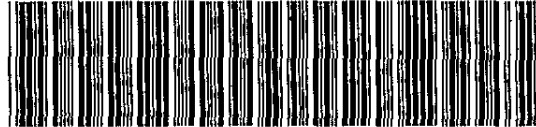
Certificates of Status \_\_\_\_\_

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOURCES FINANCIAL HOLDING CO.,LTD  
(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:

AMOS KNOLL

(Name of Person)

SOURCES FINANCIAL HOLDING CO.,LTD

(Firm/Company)

301 CRAWFORD BLVD, SUITE 204

(Address)

BOCA RATON FL 33432

(City/State and Zip code)

For further information concerning this matter, please call:

AMOS KNOLL

(Name of Person)

at ( 561 ) 347-1200

(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. **SOURCES FINANCIAL HOLDING CO.,LTD**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. **MICHIGAN**

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

3. **38-3000536**

(FEI number, if applicable)

4. **JUNE 18 1991**

(Date of incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. **JUNE 1 2004**

(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. **301 CRAWFORD BLVD SUITE 204 BOCA RATON FL33432**

(Principal office address)

**SAME AS ABOVE**

(Current mailing address)

8. **FINANCIAL CONSULTANT AND INVESTMENTS INCLUDING ALL RELATED BUSINESS**

(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: **AMOS KNOLL**

Office Address: **301 CRAWFORD BLVD, SUITE 204**

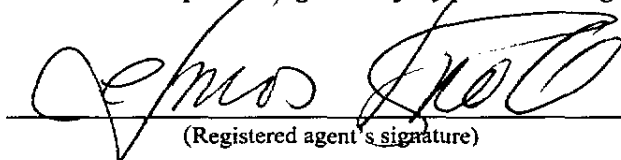
**BOCA RATON**, Florida **33432**

(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:

**A. DIRECTORS**

Chairman: **AMOS KNOLL**

Address: **301 CRAFTORD BLVD, SUITE 204 BOCA RATON FL 33432**

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: **AMOS KNOLL**

Address: **301 CRAWFORD BLVD SUITE 204 BOCA RATON FL 33432**

Director: **ROMEO SANCRICCA**

Address: **25130 SOUTHFIELD RD ,SUITE 207 SOUTHFIELD MI 48075**

**B. OFFICERS**

President: **ROMEO SANCRICCA**

Address: **25130 SOUTHFIELD RD ,SUITE 207 SOUTHFIELD MI 48075**

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: **CEO: AMOS KNOLL**

Address: **301 CRAFTORD BLVD SUITE 204 BOCA RATON FL 33432**

Treasurer: **ROMEO SANCRICCA**

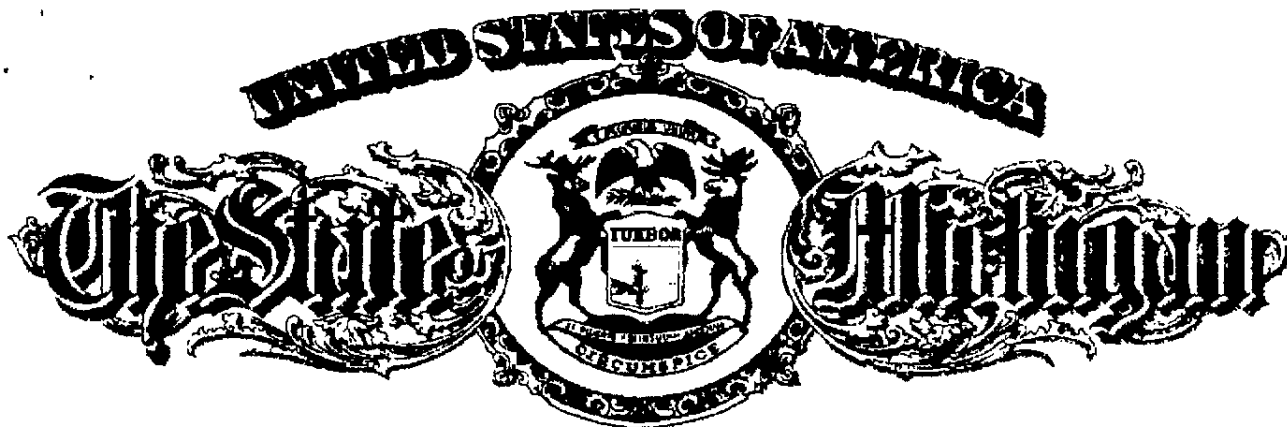
Address: **25130 SOUTHFIELD RD SOUTHFIELD ,SUITE 207 SOUTHFIELD MI 48075**

**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. **AMOS KNOLL CHAIRMAN CEO**

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



**Michigan Department of Consumer and Industry Services**

**Lansing, Michigan**

*This is to Certify That*

**SOURCES FINANCIAL HOLDING CO., LTD.**

*was validly incorporated on July 18, 1991 as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state*

*This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States*



Sent by Facsimile Transmission  
784769

*In testimony whereof I have hereunto set my hand, in the City of Lansing, this 28th day of April, 2004.*

*Andrew S. Heston*, Director

Bureau of Commercial Services