F04000005917

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
,
PICK-UP WAIT MAIL
-
5. H. N.
(Business Entity Name)
(Document Number)
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ALLVAIASSEE PLORIDA

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 1, 2004

DAVID PASQUALINI 30 GLEN STREET, THIRD FLOOR NEW YORK, NY 10603

SUBJECT: TPD EQUITIES, INC. Ref. Number: W04000033186

We have received your document for TPD EQUITIES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

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 (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 904A00053128

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

TRANSMITTAL LETTER

ro: Registration Section Division of Corporations	
SUBJECT: TDP Equities, 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 ransact business in Florida.	
Please return all correspondence concerning this matter to the following:	
David C. Pasqualini	
(Name of Person)	
TDP Equities, Inc.	
(Firm/Company)	
30 Glenn Street - Third Floor	
(Address)	
New York, NY 10603	
(City/State and Zip code)	
For further information concerning this matter, please call:	
David C. Pasqualini at (914) 422-1500 x221	(C.D.)
(Name of Person) (Area Code & Daytime Telephone Number)	3
	~~~i
Registration Section  Division of Corporations  Division of Corporations  P.O. Box 6327	25:1 Rd 1:120:18
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,  Certificate of Status Certified Copy Certified Copy  Certified Copy	È



30 Glenn Street - Third Floor White Plains, NY 10603

Tel: 914.422.1500 Fax: 914.422.0197

October 13, 2004

Subject: TPD Equities, Inc. Ref. Number: W04000033186

To Whom It May Concern:

As per your letter requesting a certificate of existence and the signature of a registered agent, we have enclosed the required documentation. Please let us know if you require any other information. Thank you in advance for your consideration.

Kasqualeni

### 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.

If name unavailable in Florida, enter alternate corporat	te name	adopted for the purpose of transacting business in Florida)
New York	3.	
State or country under the law of which it is incorporat	ed)	(FEI number, if applicable)
August 14, 2002	5.	Perpetual
(Date of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
Upon Qualification		
		t transacted business in Florida, insert "upon qualification.", 607.1502 and 817.155, F.S.)
30 Glenn Street - Third Floor		
(Principal of	fice add	ress)
White Plains, NY 10603		
(Current mai	ling add	ress)
New York State Mortgage Brokerage		
(Purpose(s) of corporation authorized in home st	ate or co	ountry to be carried out in state of Florida)
(Purpose(s) of corporation authorized in home sta		
(Purpose(s) of corporation authorized in home sta		
(Purpose(s) of corporation authorized in home standard and street address of Florida registered and Name: NRAI Services, Inc.		
(Purpose(s) of corporation authorized in home standard and street address of Florida registered and Name: NRAI Services, Inc.  Services, Inc.  100 Services, Inc.  100 Services, Inc.  100 Services, Inc.		(P.O. Box or Mail Drop Box NOT acceptable)
(Purpose(s) of corporation authorized in home standard and street address of Florida registered and Name: NRAI Services, Inc.  Flice Address: 526 E. Park Avenue  Tallahassee		(P.O. Box or Mail Drop Box NOT acceptable)
(Purpose(s) of corporation authorized in home standard and street address of Florida registered and Name:  Name: NRAI Services, Inc.  Street Address: 526 E. Park Avenue		(P.O. Box or Mail Drop Box NOT acceptable)
(Purpose(s) of corporation authorized in home standard street address of Florida registered and Name:  NRAI Services, Inc.  Fice Address:  526 E. Park Avenue  Tallahassee  (City)  Registered agent's acceptance:	agent:	(P.O. Box or Mail Drop Box NOT acceptable)  , Florida 32301 (Zip code)
(Purpose(s) of corporation authorized in home standard street address of Florida registered and Name:  Name: NRAI Services, Inc.  Fice Address: 526 E. Park Avenue  Tallahassee  (City)  Registered agent's acceptance:  aving been named as registered agent and to acceptance agent and to acceptance.	agent:	(P.O. Box or Mail Drop Box NOT acceptable)

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.

(Registered agent's signature)

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

A A Company of a company of the comp

A. DIRE	ECTORS		
Chairman	:		
Address:			
Vice Chai	rman:		
Address:			<del></del>
-			
Director:			<del></del>
Address:			
Director:			
Address:			
B. OFF	ICERS		
President:	Thomas A. Pasqualini		
Address:	194 Lakeview Avenue		
	West Harrison, New York 10604		
Vice Pres	ident: David C. Pasqualini		
Address:	211 Central Avenue	ALL	<u>B</u>
	Rye, New York 10580	<u>主心</u>	
Secretary	:		
Address:		<u>6</u> 9	
Treasurer	:	<u> </u>	<del>-5</del>
Address:			
NOTE:	If necessary, you may attach an addendum to the application listing additional officers a	ınd/or directors.	
13.	1216 126 08/23/04		
<del>_</del>	(Signature of Director or Officer listed in number 12 of the application)	<del>_</del>	
14. <b>Da</b>	vid C. Pasqualini - Vice President  (Typed or printed name and capacity of person signing application)		

## State of New York Department of State

I hereby certify, that the Certificate of Incorporation of TDP EQUITIES, INC. was filed on 08/14/2002, under the name of TD EQUITIES, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

A Certificate of Amendment TD EQUITIES, INC., changing its name to TDP EQUITIES, INC., was filed 05/20/2003.

Witness my hand and the official seal of the Department of State at the City of Albany, this 16th day of September two thousand and four.

Secretary of State

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