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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u></u>
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	7
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Skyline Financial Corp.	_
(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.	o
Please return all correspondence concerning this matter to the following:	
Steve Ross	_
(Name of Person)	
Skyline Financial Corp.	_
(Firm/Company)	
15928 Ventura Bivd., Suite 104	_
(Address)	
Encino, CA 91436	
(City/State and Zip code)	
For further information concerning this matter, please call:	
Steve Ross at (818) 995-1700, ext. 251	
(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	ıs &

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.

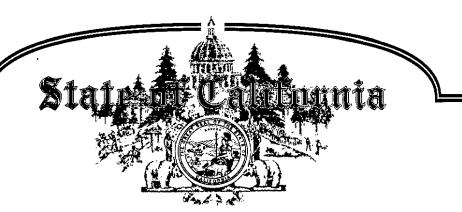
1.	Skyline Financi	ial Corp.				
		orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	-	
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)					
2.	California		3.	95-3990375		
	(State or country	under the law of which it is incorporated)	_	(FEI number, if applicable)	-	
4.	September 5, 1985		5.	Perpetual		
		of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")		•
6.	N/A					
•				n Florida, if prior to registration) 502, F.S., to determine penalty liability)	-	
7. 15928 Ventura Blvd., Ste. 104, Encino, CA 91436 (Principal office address)				-		
	_	•	addi	(655)		
Same as above (Current mailing address)				· · ·		
		(Current maining	agg	ress)		
8.	Mortgage lendi				_	
	(Purpose(s	s) of corporation authorized in home state of	or co	ountry to be carried out in state of Florida)		
9.	Name and stree	et address of Florida registered agent:	(P.C	D. Box NOT acceptable)	05 F	
	Name:	National Registered Agents Service	s, Ir	nc. 25.	H.	
O:	ffice Address:	526 E. Park Ave.			8	
		Tallahassee		, Florida Alan Ben-Porat	PH 3:	1 - 1
		(City)		, Florida Alan Ben-Porat (Zip code)	<u>φ</u>	-
H de fu	aving been namesignated in this erther agree to c	application, I hereby accept the appo	intn es r	ce of process for the above stated corporation at the pent as registered agent and agree to act in this capa elative to the proper and complete performance of mestion as registered agent.	city. 1	

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. DIRECTORS
Chairman: Alan Ben-Porat
Address: 15928 Ventura Blvd., Suite 104
Encino, CA 91436
Vice Chairman: Craig M. Peskind
Address: 15928 Ventura Blvd., Suite 104
Encino, CA 91436
Director: There are only two Directors.
Address:
Director:
Address:
B. OFFICERS
President: Alan Ben-Porat
Address: 15928 Ventura Blvd., Suite 104
Encino, CA 91436
Vice President: Craig M. Peskind
Address: 15928 Ventura Blvd., Suite 104
Encino, CA 91436
Secretary: Alan Ben-Porat
Address: 15928 Ventura Blvd., Suite 104, Encino, CA 91436
Treasurer: Alan Ben-Porat
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)
(Signature of Director or Officer listed in number 12 of the application)
(Typed or printed name and capacity of person signing application)



SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I. KEVIN SHELLEY, Secretary of State of the State of California, hereby certify:

That on the 5 th day of September 1985,

SKYLINE FINANCIAL CORP.

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger of consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

JAN 28 ZUUS

KEVIN SHELLEY Secretary of State