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FILING REQUEST

April 19, 2005

FLORIDA SECRETARY OF STATE

Type of Filing:

QUALIFICATION

Subject(s):

COBALT FINANCIAL, INC.

Form(s) Enclosed:

APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS

Supporting Document(s):

CERTIFICATE OF GOOD STANDING

Check Enclosed:

CHECK #18844 FOR \$70.00

Return Via:

REGULAR MAIL

Filing Method:

ASAP

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Jackie Sorman

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607, 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO 12: 1. REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Cobalt Finan	icial, Inc.		**************************************
	corporation; must include "INCORPORAT" Corp," "Inc," "Co," or "Corp.")	ED	" "COMPANY," "CORPORATION,"
(If name unava	ilable in Florida, enter alternate corporate na	ıme	adopted for the purpose of transacting business in Florida)
Delaware		3.	20-0412290
(State or country	y under the law of which it is incorporated)	-	(FEI number, if applicable)
11/19/2003		5.	perpetual
(Da	te of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
upon qualifica			
(Date first trans	acted business in Florida. If corporation has	no	t transacted business in Florida, insert "upon qualification.")
	•	.3U	1, 607.1502 and 817.155, F.S.)
155 Maple St	reet, Springfield, MA 01105		
	(Principal office	adc	iress)
155 Maple Str	eet, Springfield, MA 01105		
	(Current mailing	ado	iress)
_			
Real Estate II	nvestment c(s) of corporation authorized in home state of		ountry to be carried out in state of Florida)
(1 utpose	(s) of corporation authorized in notice state (,, ,	ountry to be carried out in state of Floriday
Name and st	<u>reet address</u> of Florida registered ager	ıt:	(P.O. Box or Mail Drop Box NOT acceptable)
Name:	NRAI Services, Inc.		
iffica Address:	2731 Executive Park Drive, Suite 4		
Title Addicss,			
	Weston (City)		, Florida 33331 (Zip code)
	(City)		(Zip code)
). Registered	agent's acceptance:		
aving been na	med as registered agent and to accept so		ice of process for the above stated corporation at the place
			nent as registered agent and agree to act in this capacity.
			elative to the proper and complete performance of my du
d I am familio	ar with and accept the obligations of my	po	sition as registered agent.
	NRAI Services, Inc.		
	By:	سرس	27 0
-	(Registered agent's signatu	ire)	<i>V</i> .
	Jackie Sorman, Assistant Secretary		
. Attached is a	a certificate of existence duly authenticat	ted,	not more than 90 days prior to delivery of this application

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

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

under the law of which it is incorporated.

FILT TO

A. DIRECTORS Chairman: William Foster 307 121 75 P 12: 16 Address: 155 Maple Street, Springfield, MA 01105 Vice Chairman: Address: _ Director: _ Address: _ Director: _ Address: **B. OFFICERS** President: William Foster Address: 155 Maple Street, Springfield, MA 01105 Vice President: Address: _____ Secretary: _ Address: __ Treasurer: Address: ___ 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) 14. William Foster, President

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

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COBALT FINANCIAL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF APRIL, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COBALT FINANCIAL, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF NOVEMBER, A.D. 2003.



Warriet Smith Hindson Harriet Smith Windson Secretary of State 3611

DATE: 04-14-05

3729702 8300

050304616

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

				: · · ·	1.5
				TATUTES, THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLORIDA:	; ⊃ l2: 1b
1.	Cobalt Finan	cial, Inc.			
••	(Enter name of	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	a TLORIOA
	(If name unava	ilable in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Florida)	
_	Delaware		3.	20-0412290	
	(State or country	y under the law of which it is incorporated)		(FEI number, if applicable)	
4.	11/19/2003		5.	perpetual	
	(Da	te of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	
	upon qualifica				
	(Date first trans			transacted business in Florida, insert "upon qualification."), 607.1502 and 817.155, F.S.)	
7.	155 Maple Str	eet, Springfield, MA 01105			
		(Principal office	add	ress)	
	155 Maple Str	eet, Springfield, MA 01105		·	
		(Current mailing	add	ress)	
8.	Real Estate II	(s) of corporation authorized in home state of	- cc	units to be carried out in state of Florida)	
9.		•		(P.O. Box or Mail Drop Box NOT acceptable)	
•		NRAI Services, Inc.		(, , , , , , , , , , , , , , , , , , ,	
					
0	ffice Address:	2731 Executive Park Drive, Suite 4			
		Weston		, Florida 33331	
		(City)		(Zip code)	
H de fu	aving been na esignated in the other agree to	is application, I hereby accept the appor	intn es ro	ce of process for the above stated corporation at the planent as registered agent and agree to act in this capacitelative to the proper and complete performance of my astion as registered agent.	ty. I
	*	NRAI Services, Inc	•	- -	
	-	By:		22	
	*****	Jackie Sorman, Assistant Secretary	ĺ		an ta
H	. Attached is a	i centricate of existence duly authenticat	ça,	not more than 90 days prior to delivery of this applicati	017 10

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: William Foster
Address: 155 Maple Street, Springfield, MA 01105
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: William Foster
Address: 155 Maple Street, Springfield, MA 01105
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
Adultss.
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. //Xll
(Signature of Director or Officer listed in number 12 of the application)
14. William Foster, President (Typed or printed name and capacity of person signing application)
(1) ped or princed name und capacity or person signing approaucity