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CORFORAMON VISI

To:

Division of Corporations

Fax Number : (850)205-0383

: BUSINESS FILINGS Account Name Account Number : 105256001620

Phone (608) 827-5300 Pax Number (608)827-5501

## FOREIGN PROFIT QUALIFICATION

Old City Financial Services, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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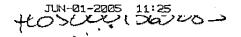
#### . APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

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.

l.	1. Old City Financial Services, Inc.  (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)					
	Pennsylvania					
2,		y under the law of which it is incorporated)	_ 3.	(FEI number, if applicable)		
4.	8/2/2000		5.	Perpetual		
••	(Ua	te of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")		
6.	Upon Qualif	ication				
(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.)						
421 N 7th St., Suite 606, Philadelphia, Pennsylvania 19123						
7. (Principal office address)						
421 N 7th St., Suite 606, Philadelphia, Pennsylvania 19123						
(Current mailing address)						
				6° 0		
8.	Mortgage by	okerage				
(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 NQT acceptable)						
	Name:	Business Filings Incorporated				
Office Address: 1203 Governors Square Blvd., Suite 101						
		Tallahassec		, Florida _32301-2960_		
		(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.						
( / , ·						
10 / 1						
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:



# COMMON WEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

May 16, 2005

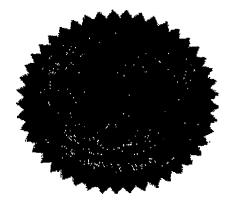
TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

THE LAND SEE FLORIDAS

I DO HEREBY CERTIFY THAT.

#### OLD CITY FINANCIAL SERVICES, INC.

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

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