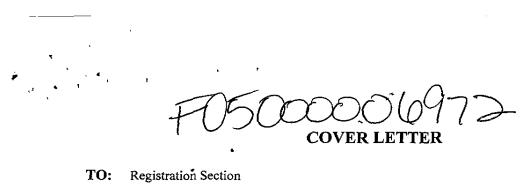


(Requestor's Name)	
(Address)	
(Address)	***************************************
(City/State/Z	(ip/Phone #)
PICK-UP V	VAIT MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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12/05/05--01008--010 **87.50



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TO: Registration Section Division of Corporations	
SUBJECT: Saxatoga Funding (Name of corpor	and Development Co. Inc.
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," and check are submitted transact business in Florida.	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to
Please return all correspondence concerning this ma	atter to the following:
Michael P. Kilinski	i Tc
(Nam	e of Person)
Saratoga Funding and I	
12 Cedar Crest Drive	·
(A	Address)
Saratoga Springs, New	VorK 12860 ate and Zip code)
J City/St	ate and Zip code)
For further information concerning this matter, plea	se call:
Michael P. Kilinski Jr at (5/8 (Name of Person) (Ar	rea Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	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	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 16, 2005

MICHAEL P. KILINSKI JR SARATOGA FUNDING AND DEVELOPMENT COMPANY 12 CEDARCREST DRIVE SARATOGA, NY 12866

SUBJECT: SARATOGA FUNDING AND DEVELOPMENT COMPANY

Ref. Number: W05000051317

We have received your document for SARATOGA FUNDING AND DEVELOPMENT COMPANY, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$87.50.

Also, please enclose a check for \$80.00 for the filing of the fictitious name.,

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 call (850) 245-6967.

Letter Number: 605A00067879

Michelle Hodges Document Specialist

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. Saratoga Funding and Development Co, 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) New York (State or country under the law of which it is incorporated) 30 - 0 1005 (of) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Michael P. Kilinski, Jr. Name: 4125 Pinella Circle #352 Office Address: Palm Beach Gardens, Fl , Florida 33410 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.

- 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: ___ Address: Vice Chairman: Address: ___ Director: Address: ___ Director: __ Address: __ **B. OFFICERS** President: Michael Address: 12 Cedar Crest Saratoga Springs, New York 12866 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. Michael P Kilinsle, Tr. (Typed or printed name and capacity of person signing application)

DEC. 1. 2005 5:06PM

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of SARATOGA FUNDING AND DEVELOPMENT CO., INC. was filed on 04/01/2002, 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 an existing corporation.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 29th day of November two thousand and five.

Special Deputy Secretary of State

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