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(Address)

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(Business Entity Name)

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2006 JAN 18 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2006 JAN 18 2006

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CUSTOM FINANCIAL CORPORATION  
(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.

Please return all correspondence concerning this matter to the following:

Jane Seidel  
(Name of Person)  
CUSTOM FINANCIAL CORPORATION  
(Firm/Company)  
326 BROADWAY  
(Address)  
Bethpage, N.Y. 11714  
(City/State and Zip code)

For further information concerning this matter, please call:

Jane Seidel at ( 516 ) 933-7778  
(Name of Person) (Area 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    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 29, 2005

JANE SEIDEL  
CUSTOM FINANCIAL CORPORATION  
326 BROADWAY  
BETHPAGE, NY 11714

SUBJECT: CUSTOM FINANCIAL CORPORATION  
Ref. Number: W05000056929

RECEIVED  
06 JAN -9 AM 11:52  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE

We have received your document for CUSTOM FINANCIAL CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P98000029048 (CUSTOM FINANCIAL, INC.).

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the original and one copy of 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) 245-6855.

Tammy Hampton  
Document Specialist  
New Filing Section

Letter Number: 305A00074021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 10, 2006

JANE SEIDEL  
CUSTOM FINANCIAL CORPORTION  
326 BROADWAY  
BETHPAGE, NY 11714

SUBJECT: CUSTOM FINANCIAL CORPORATION  
Ref. Number: W05000056929

RECEIVED  
06 JAN 12 PM 3:56  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for CUSTOM FINANCIAL CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6855.

Tammy Hampton  
Document Specialist

Letter Number: 305A00074021

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06 JAN 18 PM 12:52

DEPARTMENT OF REVENUE  
DIVISION OF TAXATION  
TALLAHASSEE, FL 32301

Custom Financial Corporation  
326 Broadway  
Bethpage, New York 11714  
Telephone (516)933-7778  
Fax (516)933-7779

January 17, 2005

Tammy Hampton  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Dear Tammy:

Enclosed you will find a copy of Custom Financial Corporation's Certificate of Goodstanding.

I would appreciate any help you can give us in executing our business license.

Thank you in advance.

  
Jane Seidel

**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. CUSTOM FINANCIAL CORPORATION  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

CUSTOM FINANCIAL OF NEW YORK CORPORATION  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK STATE 3. 06-1729130  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JULY 14 2005 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. APPROX QUALIFICATION  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 326 BROADWAY BETHPAGE, N.Y. 11714  
(Principal office address)

SAME AS ABOVE  
(Current mailing address)

8. MORTGAGE BROKERS  
(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 NOT acceptable)

Name: ROBERT O'KEEFE

Office Address: 11400 HARBORWAY UNIT 1634  
LARGO, Florida 33774  
(City) (Zip code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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.*

Robert O'Keefe  
(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:

A. DIRECTORS

Chairman: Louis Galeota Fiore

Address: 326 Broadway  
Bethpage, N.Y. 11714

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Louis Galeota Fiore

Address: 326 Broadway  
Bethpage, N.Y. 11714

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

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)

14. Louis Galeota Fiore Owner/President

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

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2006 JAN 18 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**State of New York  
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of CUSTOM FINANCIAL CORPORATION was filed on 06/22/2004, under the name of CUSTOM LENDERS CORP., 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. I further certify the following:

A certificate changing name to CUSTOM FINANCIAL CORPORATION was filed on 10/01/2004.

I further certify, that no other documents have been filed by such Corporation.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 12th day of January  
two thousand and six.*

Daniel Shapiro  
Special Deputy Secretary of State