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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: AIM FINANCIAL FINANC	IAL GROUP, INC			
	tion - must include suffix)			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to transact business in Florida.				
Please return all correspondence concerning this matt	ter to the following:			
MANUEL A. QUINONES				
(Name	of Person)			
AIM FINANCIAL GROUP, INC				
·	Company)			
15819 CRABBS BRANCH WAY				
•	ldress)			
ROCKVILLE, MD 20855-2635	e and Zip code)			
(City/State	e and Zip Code)			
For further information concerning this matter, please	call:			
MANUEL A. QUINOES at (301	√ 590-0217			
(Name of Person) (Area Code & Daytime Telephone Number)				
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing 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 & S78.75 Filing Fee, Certified Copy Certificate of Status & Certified Copy			

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 23, 2006

MANUEL A QUINONES AIM FINANCIAL GROUP, INC 15819 CRABBS BRANCH WAY ROCKVILLE, MD 20855-2635

SUBJECT: AIM FINANCIAL GROUP, INC.

Ref. Number: W06000037284

We have received your document for AIM FINANCIAL GROUP, INC, and your check(s) totaling \$87.50. 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 P05000079762 (A.I.M. FINANCIAL GROUP, INC.).

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: 506A00051888

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

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO DECISTED A EXPERCY CORRODATION TO TRANSACT DUSINESS IN THE STATE OF FUNDING

KI	EGISTER A FOR	CEIGN CORPORATION TO TRANSACT	D	OSINESS IN THE STATE OF FLORIDA			
1.		NCIAL GROUP, INC					
		orporation; must include "INCORPORATEI	D,"	"COMPANY," "CORPORATION,"			
	"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")					
	ATM E	INANCIAL GROUP, INC OF MARYL	лλ.	ID.			
		able in Florida, enter alternate corporate nam			ess in Flor	ida)	
	MARYLAN			52-2236430		,	
		under the law of which it is incorporated)	3.	(FEI number, if applicable)			
	· ·	•		PERPETUAL PERPETUAL			
4.	03/13/200	of incorporation)	5.	(Duration: Year corp. will cease to exist or	"nernetu	al")	
	•	•	_	•	perpeta	u ,	
6.	WILL I RA	NSACT BUSINESS AFTER		Florida, if prior to registration)			
				02, F.S., to determine penalty liability)			
7	15819 CR/	ABBS BRANCH WAY, RO	Ck	(VILLE, MD 20855-2635			
١.,	 –	(Principal office ac					
	15819 CR	ABBS BRANCH WAY, RO	C١	(VILLE, MD 20855-2635			
		(Current mailing a					
			_				=-0
8.		GE LENDING, FINANCIAL			GAL E		NESS
	(Purpose(s	o) of corporation authorized in home state or	ço	untry to be carried out in state of Florida)			
9.	Name and stree	et address of Florida registered agent: (P	0.	. Box NOT acceptable)	ZA NAT	201	
	Name:	JESSICA A. QUINONES			ECR LA	2006 AUG 3	أساسه
	rame.	17275 COLLINS AVE. SU	117	 FE 500	HAA	<u>6</u>	
0	ffice Address:	17273 COLLINS AVE. SC	,,		SSE	<u>ω</u>	
		SUNNY ISLES BEACH		, Florida 33160	LO.	A	m
		(City)		(Zip code)		AM 10: 2	
16) Registered ac	gent's acceptance:				27	
H	laving been nam	ed as registered agent and to accept ser	rvio	ce of process for the above stated corpor	ration at	the pla	ce
de	esignated in this	application, I hereby accept the appoin	ıtn	ent as registered agent and agree to ac	t in this c	capacit	y. 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: MANUEL A. QUINONES
Address: 6704 SWEETWATER DRIVE
DERWOOD, MD 20855
Vice Chairman: PAUL T.BILLIARD
Address: 1523 MAIN STREET
WELLSBURG WV 26070
Director: MICHAEL P. QUINONES
Address: 6704 SWEETWATER DR.
DERWOOD, MD 20855
Director: MILDRED BILLIARD
Address: 1523 MAIN STREET
WELLSBURG, WV 20670
B. OFFICERS
President: MANUEL A. QUINONES
President: MANUELA. QUINONES Address: 6704 SWEETWATER DR.
DERWOOD, MD 20855
Vice President: PAUL T. BILLIARD
Address: 1523 MAIN STREET
WELLSBURG WV 26070
Secretary: MILDRED BILLIARD
Address: 1523 MAIN STREET, WELLSBURG WV 26070
Treasurer: MICHAEL P. QUINONES
Address: 6704 SWEETWATER DR, DERWOOD, MD 20855
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)
MANUEL A. QUINONES, PRESIDENT

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

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT AIM FINANCIAL GROUP, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JULY 25, 2006.

Paul B. Anderson Charter Division

Paul B. Undam



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

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