

FO6000006617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

VH  
606-45092



## QUALITY FINANCIAL SOLUTIONS

October 17, 2006

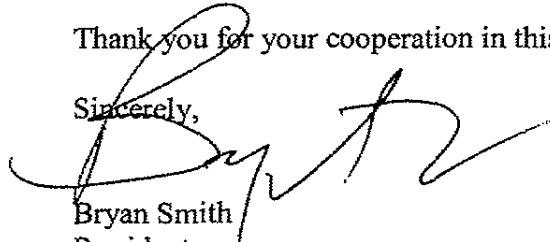
Ms. Valerie Herring  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Dear Ms. Herring:

As per our telephone conversation on Tuesday, October 17, 2006, attached is a check for \$1,150 to satisfy the penalty imposed on Quality Financial Solutions, Inc. for transacting business in the state of Florida prior to obtaining a Certificate of Authority to do Business in Florida by a Foreign Corporation.

Thank you for your cooperation in this matter.

Sincerely,



Bryan Smith  
President  
Quality Financial Solutions, Inc.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 13, 2006

BRYAN SMITH  
6143 JERICHO TURNPIKE, SUITE 207  
COMMACK, NY 11725

SUBJECT: QUALITY FINANCIAL SOLUTIONS, INC.  
Ref. Number: W06000045090

We have received your document for QUALITY FINANCIAL SOLUTIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,150.00.

An effective date may be added to the Articles of Incorporation if a 2007 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

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) 245-6962.

Valerie Herring  
Document Specialist  
New Filing Section

Letter Number: 606A00061171

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Quality Financial Solutions, Inc.  
(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:

Bryan Smith  
(Name of Person)  
Quality Financial Solutions, Inc.  
(Firm/Company)  
6143 Jericho Turnpike, Suite 207  
(Address)  
Commack, New York 11725  
(City/State and Zip code)

For further information concerning this matter, please call:

Bryan Smith at (631) 499-7200  
(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 & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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

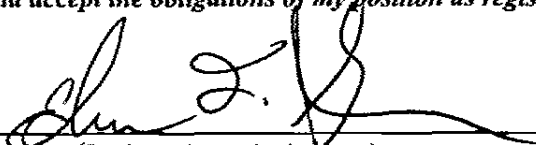
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Quality Financial Solutions, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- N/A  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New York 3. 11-3569019  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/2000 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 11/7/05  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 6143 Jericho Turnpike, Suite 207 Commack, N.Y. 11725  
(Principal office address)
- 6143 Jericho Turnpike, Suite 207, Commack, NY 11725  
(Current mailing address)
8. Mortgage Broker Business  
(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: Edwin Genao
- Office Address: 2851 Enterprise Road 106 B  
Debury, Florida 32713  
(City) (Zip code)

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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.*

  
(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:

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A. DIRECTORS N/A

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

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

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

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

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

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

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

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

B. OFFICERS

President: Bryan Smith

Address: 6143 Jericho Turnpike Suite 207  
Commack, NY 11725

Vice President: N/A

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

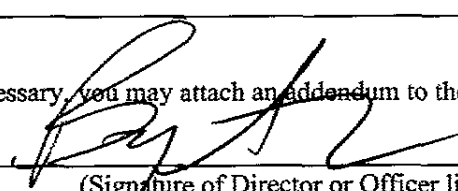
Secretary: Bryan Smith

Address: 6143 Jericho Tpke, Suite 207, Commack, NY 11725

Treasurer: N/A

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. Bryan Smith, President  
(Typed or printed name and capacity of person signing application)

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

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I hereby certify, that the Certificate of Incorporation of QUALITY FINANCIAL SOLUTIONS, INC. was filed on 10/05/2000, 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 02nd day of October two  
thousand and six.*



Special Deputy Secretary of State

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