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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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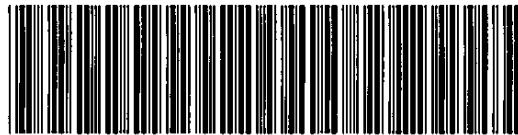
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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06 NOV - 1 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 02 2006



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 509207 4306193

AUTHORIZATION

[Signature]

COST LIMIT : \$ 70.00

ORDER DATE : October 6, 2006

ORDER TIME : 9:36 AM

ORDER NO. : 509207-145

CUSTOMER NO: 4306193

FOREIGN FILINGS

NAME: FORESTERS FINANCIAL PARTNERS,
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER: _____

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TALLAHASSEE, FLORIDA

**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. FORESTERS FINANCIAL PARTNERS, 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)

2. DELAWARE 3. 51-0604752
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 11, 2006 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 28005 North Smyth Dr, #103, Santa Clarita, California 91355
(Principal office address)
28005 North Smyth Dr, #103, Santa Clarita, California 91355
(Current mailing address)

8. insurance and reinsurance services
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

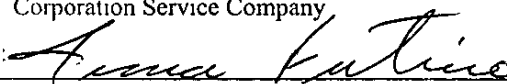
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Corporation Service Company
By: 
(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Ira Lynn Gottshall

Address: 28005 North Smyth Dr, #103, Santa Clarita, California 91355

Director: George Mohacsi

Address: 28005 North Smyth Dr, #103, Santa Clarita, California 91355

B. OFFICERS

President: Ira Lynn Gottshall

Address: 28005 North Smyth Dr, #103, Santa Clarita, California 91355

Vice President: _____

Address: _____

Secretary: Ira Lynn Gottshall

Address: 28005 North Smyth Dr, #103, Santa Clarita, California 91355

Treasurer: Ira Lynn Gottshall

Address: 28005 North Smyth Dr, #103, Santa Clarita, California 91355

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. Ira Lynn Gottshall, President

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FORESTERS FINANCIAL PARTNERS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FORESTERS FINANCIAL PARTNERS, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF AUGUST, A.D. 2006.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

4204246 8300

060923794

AUTHENTICATION: 5098531

DATE: 10-06-06