

F06000007859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

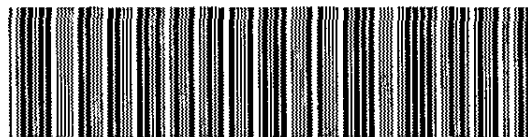
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch DEC 26 2006

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Tristate Financial Network, 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:

Michael Lewantowicz
(Name of Person)
Tristate Financial Network, INC.
(Firm/Company)
2527 Nelson Miller Pkwy Ste. 107
(Address)
Louisville, KY 40223
(City/State and Zip code)

For further information concerning this matter, please call:

Michael Lewantowicz at (502) 964-1443
(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. TRISTATE Financial Network INC.

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

Lewantowicz & Associates

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Kentucky

(State or country under the law of which it is incorporated)

3. 34-2054455

(FEI number, if applicable)

4. 8/23/2005

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

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

7. 2527 Nelson Miller Pkwy Ste 107 Louisville, KY 40223

(Principal office address)

2527 Nelson Miller Pkwy Ste 107 Louisville, KY 40223

(Current mailing address)

8. Mortgage Protection Sales

(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: Alvaro Fernandez

Office Address: 2918 E. Waters Ave

Tampa, Florida 33604

(City)

(Zip code)

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.

X [Signature]
(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.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Michael Lewantowicz

Address: 2527 Nelson Miller Pkwy Ste. 107
Louisville, KY 40223

Vice Chairman: Wynoka Noelle Lewantowicz

Address: 2527 Nelson Miller Pkwy Ste. 107
Louisville, KY 40223

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Michael Lewantowicz

Address: 2527 Nelson Miller Pkwy Ste 107
Louisville, KY 40223

Vice President: Wynoka Noelle Lewantowicz

Address: 2527 Nelson Miller Pkwy Ste. 107
Louisville, KY 40223

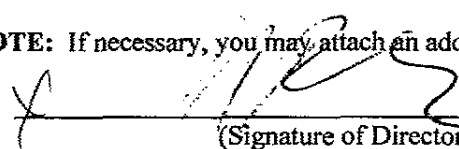
Secretary: _____

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. MICHAEL R. LEWANTOWICZ
(Typed or printed name and capacity of person signing application)

Commonwealth of Kentucky

Trey Grayson
Secretary of State

Certificate of Existence

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

TRISTATE FINANCIAL NETWORK, INC.

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is August 23, 2005 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 13th day of December, 2006.

Certificate Number: 40867

Jurisdiction: Florida

Visit <http://apps.sos.ky.gov/business/obdb/certvalidate.aspx> to validate the authenticity of this certificate.



Tn6z
Trey Grayson
Secretary of State
Commonwealth of Kentucky
40867/0620191