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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714 Phone : (850)222-1173 : (850)224-1640 Fax Number

10/20T. 60621

FOREIGN PROFIT/NONPROFIT CORPORATION

LN CAPITAL CORP.

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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. LN Capital	Corp.			
(Enter name of co	prporation; must include "INCORPORATED," orp.," "Inc.," "Co.," or "Corp.")	" "COMPANY," "CORPORATION,"		
(If name unavaila		adopted for the purpose of transacting business in Florida)		
2. New York		20-4890970		
(State or country i	under the law of which it is incorporated)	(FEI number, if applicable)		
4. May 19, 200		Perpetual		
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpenal")	80	
o		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	JAN 28	
7, 399 Knollwood Road, White Plains, NY 10603				
(Data due) - Office Address)			ſ	
399 Knollwood Road, White Plains, NY 10603			•	
	(Current mailing add	ress) OT	2: 02	τ,
8. Mortgage B	Broker	ORIDA ORIDA	02	
(Purpose(s) of corporation authorized in home state or co	ountry to be carried out in state of Florida)		
9. Name and street	et address of Florida registered agent: (P,C	D. Box NOT acceptable)		
Name:	Incorp Services, Inc.			
Office Address:	17888 67th Court North			
	Loxahatchee	Florida 33470		
	(City)	Florida 33470		
Having been nam designated in this further agree to co	application, I hereby accept the appoints	ice of process for the above stated corporation at the pla ment as registered agent and agree to act in this capacity relative to the proper and complete performance of my d sition as registered agent.	v. I	
_	Tutal L			
(Registered agent's signature) Eric Wolz, Assistant Secretary				
the Department of	certificate of existence duly authenticated, State, by the Scoretary of State or other o which it is incorporated.	not more than 90 days prior to delivery of this application flicial having custody of corporate records in the jurisdic	on to ction	

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12. Names and business addresses of officers and/or directors	SECRETARY OF STATE		
A. DIRECTORS	TALLAHASSEE, FLORIDA		
Chairman: Louis Natole			
Address: 399 Knollwood Road, White Plains, NY 10603			
•			
Vice Chairman:			
Address:			
Director:			
Address:			
Director:			
Address:			
B. OFFICERS			
President: Louis Natole	<u> </u>		
Address: 399 Knollwood Road, White Plains, NY 10603			
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 Natole, President			
	of person signing application)		

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of LN CAPITAL CORP. was filed on 05/19/2006, 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.



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Witness my hand and the official seal of the Department of State at the City of Albany, this 25th day of Junuary two thousand and eight.

Daniel Shapiro

Special Deputy Secretary of State