

**F08000003795**

Division of Corporations

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Florida Department of State  
Division of Corporations  
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DIVISION OF CORPORATIONS

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**PredictiFund, Inc.**

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2009 AUG 28 P 1: 56  
8/28/2008

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88-62-8  
209

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. PredictFund, 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. Massachusetts 3. 26-1076737
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/30/2007 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 300 Ledgewood Place, Suite 301, Rockland, MA 02370
(Principal office address)

same
(Current mailing address)

8. To provide equipment lease and finance services and other financial accommodations to businesses.
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System

By: Kristen Betzger, Vice President
(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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TALLAHASSEE, FLORIDA

**A. DIRECTORS SEE ATTACHMENT**

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

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

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

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

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

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

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

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

**B. OFFICERS**

President: Brad Peterson

Address: 300 Ledgewood Place, Suite 301

Rockland, MA 02370

Vice President: \_\_\_\_\_

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

Secretary: Richard Ferrante

Address: 300 Ledgewood Place, Suite 301, Rockland, MA 02370

Treasurer: Richard Ferrante

Address: 300 Ledgewood Place, Suite 301, Rockland, MA 02370

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. Brad Peterson, President

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

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**Attachment to Florida  
Officers & Directors**

- 1 Full Name: Brad Peterson  
Officer/Director: Officer, Director  
Officer's Title: President  
Director's Title: Director  
Business Address: 300 Ledgewood Place, Suite 301  
City: Rockland  
State: MA  
ZIP Code: 02370
- 2 Full Name: Richard Ferrante  
Officer/Director: Officer, Director  
Officer's Title: Treasurer  
Director's Title: Director  
Business Address: 300 Ledgewood Place, Suite 301  
City: Rockland  
State: MA  
ZIP Code: 02370
- 3 Full Name: Glenn Goldman  
Officer/Director: Director  
Officer's Title:  
Director's Title: Director  
Business Address: 300 Ledgewood Place, Suite 301  
City: Rockland  
State: MA  
ZIP Code: 02370
- 4 Full Name: Mark Lorimer  
Officer/Director: Director  
Officer's Title:  
Director's Title: Director  
Business Address: 300 Ledgewood Place, Suite 301  
City: Rockland  
State: MA  
ZIP Code: 02370



*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

William Francis Galvin  
Secretary of the  
Commonwealth

August 21, 2008

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

**PREDICTIFUND, INC.**

is a domestic corporation organized on August 30, 2007, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth