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TALLAHASSEE, F. STAIF.

TELLINES MON 13 MUD

COVER LETTER

	ng Section of Corporations	
SUBJECT:	RelianceDebt, Inc.	
	Name of corporation - must include suffix	
Dear Sir or Madar	m:	
	oplication by Foreign Corporation for Authorization to Transact Busicistence," and check are submitted to register the above referenced foin Florida.	
Please return all c	correspondence concerning this matter to the following:	
	Lori Arloff	
	Name of Person	
	RelianceDebt	
	Firm/Company	ASE S
	311 Crossways Park Drive	SECRE IA
	Address	IARY O
	Woodbury, NY 11797	mo -
	City/State and Zip code	OF STATE
	larloff@americorp.us	32 (1)
	E-mail address: (to be used for future annual report notification	ition) 😼 🖰
For further inform	nation concerning this matter, please call:	
Lori Arloff	at (631) 940-2400, ext. 2343	
Name of	Person Area Code & Daytime Telephone Nu	ımber
New Filin Division o Clifton Bo 2661 Exec	T/COURIER ADDRESS: Ing Section Of Corporations Uilding Countive Center Circle Ing Section Division of Corporate P.O. Box 6327 Tallahassee, FL 32301	tions
Enclosed is a chec	ck for the following amount:	
\$70.00 Filing I	Certificate of Status Certified Copy	37.50 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.

(If name unavail	able in Florida, enter alternate corporate na	me ac	opted for the purpose of transacting bus	iness in Florida)
Delaware		3. 2	6-3763292	
State or country	under the law of which it is incorporated)		(FEI number, if applicable	e)
11/03/2008		5. <u>F</u>	Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist	or "perpetual")
Upon Filing				
011 070001	ays Park Drive, Woodbury, NY I			
	(Principal office	addre:	s) .	T. 2
Same as abo	(Principal office ove (Current mailing gement Service Provider	addre:	s) s)	2009 NOV SECRETALLAHA
Same as abo	(Principal office	addre:	s) s)	2009 NOV 12 SECRETARY
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Same as abo	(Principal office ove (Current mailing gement Service Provider a) of corporation authorized in home state of	addre	s) try to be carried out in state of Florida)	m _o ≥
Same as about the second secon	(Principal office ove (Current mailing gement Service Provider state of corporation authorized in home state of address of Florida registered agent: (addre	s) Itry to be carried out in state of Florida) Box NOT acceptable)	m _G ≥
Same as about the same as about the same and street the same as about the same as about the same as about the same as a same a	(Principal office ove (Current mailing gement Service Provider s) of corporation authorized in home state of address of Florida registered agent: (CT Corporation	addre	s) try to be carried out in state of Florida)	m _o ≥

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.

Joanne McCarthy
(Registered agent's signature)

Joanne McCarthy
Vice President

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: Jeannie McCallan Address: 17 Creston Terrace Fort Salonga, NY 11768 Director: **B. OFFICERS** President: Jeannie McCallan Address: 311 Crossways Park Drive Woodbury, NY 11797 Vice President: Address: __ Secretary: Jeannie McCallan Address: 311 Crossways Park Drive, Woodbury, NY 11797 Treasurer: ___ Address: NOTE: If necessary, you may adjust an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

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

14. Jeannie McCallan/President

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RELIANCEDEBT, 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 NINTH DAY OF NOVEMBER, A.D. 2009.

AUTHENTYCATION: 7631492

DATE: 11-09-09

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