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Special Instructions to	Filing Officer:			
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SECRETARY OF STATE
TALL MANSSECLI LORIDA

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COVER LETTER

TO: New Filing So Division of Co			
SUBJECT:	anty Financial (Name of corpor	Management, ration - must include suffix)	Inc.
Dear Sir or Madam:			
	ation by Foreign Corporation nce," and check are submitted orida.		
Please return all corre	spondence concerning this ma	atter to the following:	
	William (Nam	2 antu	
	(Nam	e of Person)	
	Canty Finance	(Company)	of Inc.
	/ (Firm	/Company)	
	20 Church	Avenue	
	- (<i>A</i>	Address)	
	Ballston S	ate and Zip code	020
	(City/St	ate and Zip code	
For further information	n concerning this matter, plea	,	
William	Canta at 5	18, 485-223	\bigcirc
(Name of Per	rson) at (5)	rea Code & Daytime Teleph	one 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	or the following amount:		
\$70.00 Filing Fee	□\$78.75 Filing Fee & Certificate of Status	S78.75 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. (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. New York
(State or country under the law of which it is incorporated)

3. 14-182-284
(FEI number, if applicable) 5. Per pe fu al (Duration: Year corp. will cease to exist or "perpetual") (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Dallston Spa, NY 12020 (Principal office address) (Current mailing address) Tax Preparation

(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) William Canty

5100 Tymiam, Trail

Naples , Florida 34103
(City) (Zip code) Name: Office Address: 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. (Revistered 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:

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of CANTY FINANCIAL MANAGEMENT, INC. was filed on 06/01/2000, 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.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 03rd day of December two thousand and nine.

First Deputy Secretary of State

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