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t Burch OCT 2 6 2010

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: ELITE FINANCIAL SOLUTIONS 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," or "Certificate of Good Standing" 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:
JERRI A- LOWENSTEIN
Name of Person
ELITE FINANCIAL SOLUTIONS INC. Firm/Company
Firm/Company
1180 SW 3674 AC SUITE 205
Address
1/80 SW 36 TH AC SUITE 205 Address POMPANO BLH. PL 33069 City/State and Zin code
City ctate and Esp code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
New Filing Section New Filing Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\text{Certificate of Status}\$\$78.75 Filing Fee & Certified Copy}\$\$87.50 Filing Fee, Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

PECEIVED

10 OCT 25 PM 2: 17

SECRETARY OF STATE
TALLAHASSEE, FI ORIDA

October 18, 2010

JERRY A LOWENSTEIN 1180 SW 36TH AVE STE 205 POMPANO BEACH, FL 33069

SUBJECT: ELITE FINANCIAL SOLUTIONS INC.

Ref. Number: W10000048835

We have received your document for ELITE FINANCIAL SOLUTIONS INC. and your check(s) totaling \$1037.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II

Letter Number: 510A00024596

www.sunbiz.org

DO DOV 6005 M-11-1 ... DI 11 000

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. FLITE FINANCIA / SOIUTIONS TNC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	1
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	FILE
E.F. Solutions Inc.	: O
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	.
2. DELA WARE (State or country under the law of which it is incorporated) 3. QO-1895513 (FEI number, if applicable)	>
I	
4. 11/19/2004 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. 1/80 SW 36TH AVE SUITE 205 POMPMOBELT (Principal office address) 83069	FC }
0300/	
(Current mailing address)	
(Carron maning addition)	
8. ANY LAW FOI ACT OR ACTIVITY (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: DERRY A. COWENSTEIN	
Office Address: 1180 SW 36 THAVE \$205	
Pom Pavo BCH, Florida 33069 (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.

(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:

A. DIRECTORS		
Chairman: JERRY A. LOWENSTEIN		
Address: 1180 SW 36 TH pt # 205		
PomParo BCH, FL 33069	<u> </u>	E
Vice Chairman: TEFE WICK		5 3
Address: 1180 5W 36TH ALE #205	533	
Pombavo Bet PC	파우 <u>-</u>	
Director: SUSAN A. LOWENS TEIN	SZ ,	<u>.</u> ၁
Address: 1180 SW 3674 Ave #205	<u> </u>	>
POMPANO BCH, FC 33069		
Director:		
Address:		
B. OFFICERS		
President: JERP / A. COWENSEIN		
Address: 1/80 5W 36 TH 1VE #205		
PomPowo BCH FC 33069		
Vice President: JEFF WICK /	.	
Address: 1180 5W 36TH ALE \$ 205		
PomPano BCH, FC		
Secretary: JERRY LOWENSTEIN 1		
Address: 1180 SW 36TH ALC 205 POMPANO +	233	<u>769</u>
Treasurer: T. Wick v		
Address: 1/80 SW 36TH DUE PrimPart FC 330	169	
NOTE: If necessary, you may attach an addendam to the application listing additional officers and/or director	ors.	
13		
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts sta are true and that he or she is aware that false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.		
14. JERRY A-LOWENSZIN PRES-		
(Typed or printed name and capacity of person signing application)		

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ELITE FINANCIAL SOLUTIONS, 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 THIRTEENTH DAY OF

OCTOBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ELITE FINANCIAL SOLUTIONS, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF NOVEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

SECRETARY OF STATE TALLAHASSEF FLORINA

3883994 8300

100992139

AUTH

AUTHENTICATION: 8286520

DATE: 10-13-10

You may verify this certificate online at corp.delaware.gov/authver.shtml