F120000157

(Re	equestor's Name)			
(Ac	ddress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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SECRETARY OF STATE SECRETARY OF STATE OFFICE OF STATE

Q12 4742



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 25, 2012

LESLIE B LONG LONG FINANCIAL SERVICES INC. 950 PENINSULA CORPORATE CIR, SUITE 2012 BOCA RATON, FL 33487

SUBJECT: LONG FINANCIAL SERVICES INC.

Ref. Number: W12000004742

We have received your document for LONG FINANCIAL SERVICES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate 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) 245-6901.

Letter Number: 312A00001936

Pamela Smith Regulatory Specialist II

www.sunbiz.org

Long Financial Services, Inc.

1000 Germantown Pike, Suite H2 Plymouth Meeting, Pa 19462 Office (610) 272-1183 Fax (610) 272-6746 E-Mail: Llong@cfiemail.com

March 14, 2012

FL Dept. of State Kroger Executive Center 2661 Executive Center Circle Tallahassee, FL 32301 850-245-6052

Ref. Number: W12000004742

To whom it may concern,

Attached please find the DE Letter of Good Standing, original application and "rejection" letter as per your request. Please reconsider our request to incorporate Long Financial Services, Inc in the state of Florida.

Please contact me at the phone number above should you have any questions.

Thank you and Regards,

Chronne Pohl

Yvonne Pohl

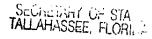
Encls.

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Long Financial Ser.	vices, Incorporated ration - must include suffix	
Name of corpor	ation - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by		
Please return all correspondence concerning this n	natter to the following:	
Leslie B. L	ong	
Long Financial Services	. Inc.	
Firm	/Company	
950 Peninsula Corporati	te Circle Suite 2012	
	Address	
Boca Raton FL City/Si	33487	
E-mail address: (to be u	ised for future annual report notification)	
For further information concerning this matter, ple	ease call:	
Boxhava Shackleford of 5	61 427-1010	
Barbara Shackleford at (5) Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
New Filing Section Division of Corporations	New Filing Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314	
Enclosed is a check for the following amount:		
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy	

RECEIVED

12 MAR 15 PM 1: 06



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 25, 2012

LESLIE B LONG LONG FINANCIAL SERVICES INC. 950 PENINSULA CORPORATE CIR, SUITE 2012 BOCA RATON, FL 33487

SUBJECT: LONG FINANCIAL SERVICES INC.

Ref. Number: W12000004742

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Pamela Smith Regulatory Specialist II

Letter Number: 312A00001936

Division of Compositions DO POV 6297 Tollahassas Florida 29214

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.	Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"		
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")		
	me., co., corp, me, co, or corp.)		
	Name is available		
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business	ss in Florida)	
2.			
۷,	(State or country under the law of which it is incorporated) 3. 23-298 2224 (FEI number, if applicable)		
4.	Date of incorporation) 5. per petual" (Duration: Year corp. will cease to exist or 'or 'or 'or 'or 'or 'or 'or 'or 'or		
	(Date of incorporation) (Duration: Year corp. will cease to exist or	"perpetual")	
6.	. NA		
	(Date first transacted business in Florida, if prior to registration)		
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
		D	
7.	. 950 Peninsula Corporate Circle Suite 2012, Boca Raton, FL 3	3487	
7.	(Principal office address)	3487	
7.	(Principal office address)	3487	
7.	. 950 Peninsula Corporate Circle Suite 2012, Boca Raton, FL 3 (Principal office address) Same as above (Current mailing address)		nivi
	Same as above (Current mailing address)		nivision nivision
	(Principal office address) Same as above (Current mailing address) Financial Planning		SECRETAL NOISION OF
8.	(Principal office address) Same as above (Current mailing address) Financial Planning (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	12 MAR 15	NATION NOT COLUMN SECRETARY COLUMN SECRE
8.	(Principal office address) Same as above (Current mailing address) Financial Planning	12 MAR 15 PH	NIVISION OF CORPOR
8.	(Current mailing address) Financial Planning (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	12 MAR 15 PH	NVISION OF CORPORATION
8 .	(Current mailing address) Financial Planning (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Leslie B. Long	12 MAR 15	SECRETARY OF STATE STORE OF CORPURATIONS
8 .	(Current mailing address) Financial Planning (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	12 MAR 15 PH	SECRETARY OF STATE NIVISION OF CORPORATIONS
8 .	(Current mailing address) Financial Planning (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Leslie B. Long Office Address: 950 Peninsula Corporate Crede Suite 2012 Boca Raton , Florida 33487	12 MAR 15 PH	SECRETARY OF STATE SECRETARY OF STATE
8 .	(Current mailing address) Financial Planning (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Leslie B. Long Office Address: 950 Peninsula Corporate Circle Suite 2012	12 MAR 15 PH	SECRETARY OF STATE NIVISION OF CORPURATIONS

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:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	-
B. OFFICERS President: Leslie B. Long Address: 17115 Avenue Le Rivage Boca Raton, FL 33496	
Vice President:	
Address:	VISTO NO.
	易好
Secretary:	5 CO
Address:	T ON S
Treasurer:	<u> </u>
Address:	
NOTE: If necessary, you may attach an addendum to the application listing addition	al officers and/or directors.
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) are true and that he or she is aware that false information submitted in a document to	
third degree felony as provided for in s.817.155, F.S. Leslie B. Long - President	
(Typed or printed name and capacity of person signing applied	cation)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LONG FINANCIAL SERVICES INCORPORATED" 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 SEVENTH DAY OF MARCH, A.D. 2012.

SECRETARY OF STATEOUS DIVISION OF CORPURATIONS 12 MAR 15 PH 1: 45

2886114 8300

120259860

AUTHENTICATION: 9414340

DATE: 03-07-12

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