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Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
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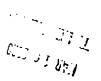
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COVER LETTER

	stration Section ion of Corporatio	ns			
SUBJECT:	METROPOLITA	N FINANCIAL SERVIC	ES IN	CORPORATED	
SCENECT.		Name of corporation	п	ust include suffix	
Dear Sir or M	ladam:				
"Certificate o	f Existence," or "		anding	norization to Transact l "and check are submi Florida.	
Please return	all correspondence	e concerning this matt	er to t	he following:	
THOMAS A.	COBITZ				
		Name o	of Pers	on	
ATTOENEY A	AT LAW				
		Firm/Co	mpan	у	
7600 WEST 2	0th AVVENUE, SU	JITE 220			
	=	Ado	iress		
HIALEAH, FI	. 33016				
	·· · · · · · · · · · · · · · · · · · ·	City/State	and Z	ip code	<u> </u>
TCOBITZ@C	OMCAST.NET				
	E-m	ail address: (to be use	1 for fi	uture annual report not	ification)
For further in	formation concer	ning this matter, please	call:		
THOMAS A.	COBITZ	at (821-3041	
Nam	e of Person	Area Co	xde	Daytime Telepho	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	ing Fee 🔲 🖇	owing amount: ORIDA DEPARTMENT ORIDA DEPARTMENT ORIDA TERMINATION ORIGINATION	□ \$7		■ \$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.

I. METROPOLITA	AN FINANCIAL SERVICES INCORPORAT	ED		
(Enter name of c	corporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		
METROPOLIT.	AN FINANCIAL SERVICES OF CHICAGO	INCORPORATED		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)		
2. ILLINOIS	3	36-2750248		
(State or countr	ry under the law of which it is incorporated)	(FEI number, if applicable)		
4. 10-19-1972	5	PERPETUAL		
(Date	e of incorporation)	(Date of duration, if other than perpetual)		
6. 04-01-2021				
	(SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7	LROSE STREET, CHICAGO IL 60641	ice street address)		
	(i incipal on	ioc <u>street</u> address)		
	(Current maili	ng address, if different)		
8. Name and stree	et address of Florida registered agent: (P.0	O. Box NOT acceptable)		
Name:	THOMAS A. COBITZ, ESQ.			
Office Address:	7600 WEST 20th AVENUE, SUITE 220	· 		
	HIALEAH	, Florida 33016 (Zip code)		
	(City)	(Zip code)		
Having been nam designated in this further agree to c	s application, I hereby accept the appoint comply with the provisions of all statutes r with and accept the obligations of my pe			
	(Registered agent's s	signature)		
the Department of		, not more than 90 days prior to delivery of this application to official having custody of corporate records in the jurisdiction		

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS				
Chairman	Name: THOMAS A. COBITZ	☐ Chairman	Name:	
□Vice Chairman	Address: Dvice Chairm		n Address:	
□Director	MIAMI, FL 33133	□Director	MIAMI, FL 33133	
President		President		
□Vice President		□Vice President		
Secretary	□Treasurer	■ Secretary		☐Treasurer
□Other	□Other	Other		□ Other
□ Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
President		☐ President		-
□Vice President		□Vice President		
Secretary	□Treasurer	□Secretary		□Treasurer
Other	□Other	□Other		□Other
□ Chairman	Name:	☐ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
□President		□President		
□Vice President		□Vice President		
Secretary	☐Treasurer	☐ Secretary		□Treasurer
Other		□Other	_ 	Other
Important Notice: individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department	Ament will be image nt of State Annual Re	d for reporting purport form.	urposes only. Non-indexed
12.	Signature of Director or	r Officer		
	ctor signing this document (and who is listed in number alse information submitted in a document to the Departr	r 11 above) affirms th		

File Number

5011-302-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

METROPOLITAN FINANCIAL SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 19, 1972, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 22ND day of FEBRUARY A.D. 2021 .

Authentication #: 2105301068 verifiable until 02/22/2022

Authenticate at: http://www.cyberdrivelllinois.com

esse White

SECRETARY OF STATE