

F 9500002884

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

SUBJECT: Arcadian Financial Corp.
(Name of corporation - must include suffix)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 PM 3:22

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

Howard A. Blum
(Name of Person)
Arcadian Financial Corp.
(Firm/Company)
3444 Bay Center Dr. # 204
(Address)
Tampa, FL 33609
(City, State and Zip Code)

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*****78.75 *****78.75
W95-11435

Should you need to call someone concerning this matter, please call:

Howard A. Blum at (813) 289-4711
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:
Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 6, 1995

HOWARD A. BLUM
5444 BAY CENTER DR., #204
ARCADIAN FINANCIAL CORP.
TAMPA, FL 33609

SUBJECT: ARCADIAN FINANCIAL CORP.
Ref. Number: W95000011435

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We have received your document for ARCADIAN FINANCIAL CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

A corporation may not serve as its own registered agent. Please designate an individual, another active domestic corporation, or a foreign corporation authorized to transact business within this state, having a Florida street address identical with that of the registered office.

A post office box is not an acceptable address for the registered agent.

A photocopy of the certificate of existence 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 (904) 487-6097.

Michael Mays
Corporate Specialist

Letter Number: 395A00027716

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:**

1. Arcadian Financial Corp.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware 3. 95-4296083
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Oct. 2, 1990 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. June 1, 1995
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.)

7. P.O. Box 21702) 5444 Bay Center Dr #204
Tampa, FL 33622-1702 Tampa FL 33609
(Current mailing address)

8. Branch Office in Tampa, FL Billing, Collection & Factoring Service
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

HOWARD A Blom
Name: Arcadian Financial Corp.

Office Address: P.O. Box 21702 5444 Bay Center Dr #504
Tampa TAMPA FL 33609, Florida, 33622-1702
(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.

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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Herbert M. Pearlman

Address: 93 Mason St.
Greenwich, CT 06860

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Walter M. Craig, Jr.

Address: 2 Bridge Ave.
Red Bank, NJ 07701

Vice President: Howard A. Blum

Address: 5444 Bay Center Dr. # 204
Tampa, FL 33609

Secretary: David S. Lawi


Address: 93 Mason St.
Greenwich, CT 06860

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Howard A. Blum, Vice Pres. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Howard A. Blum, Vice Pres.
(Typed or printed name and capacity of person signing application)

State of Delaware

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Office of Secretary of State

I, MICHAEL HARKINS, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF INCORPORATION OF ARCADIAN FINANCIAL CORP. FILED IN THIS OFFICE ON THE SECOND DAY OF OCTOBER, A.D. 1990, AT 9 O'CLOCK A.M.

|||||

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DIVISION OF CORPORATIONS
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Michael Harkins
Michael Harkins, Secretary of State

AUTHENTICATION: 12809385

DATE: 10/02/1990