

F95000003802

TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

000001549010
-07/31/95--01008--0003
*****78.75 *****78.75

W95-15292

SUBJECT: 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", 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:

ALAN LIEBERMAN
(Name of Person)

7596 STOCKTON TERRACE
(Firm/Company)
(Address)
BOCA RATON FL 33433
(City, State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mtm

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

ALAN LIEBERMAN at (407) 1347-0337
(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

July 31, 1995

ALAN LIEBERMAN
7598 STOCKTON TERRACE
BOCA RATON, FL 33433

SUBJECT: FINANCIAL SOLUTIONS, INC.
Ref. Number: W95000015292

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TALLAHASSEE, FLORIDA

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

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the CORPORATE SPECIALIST indicated.

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
Document Specialist

Letter Number: 295A00036043

RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned ALAN LIEBERMAN, do hereby certify
that this Resolution of the Board of Directors of FINANCIAL SOLUTIONS INC.,
a corporation duly organized and existing under the laws of the State of DELAWARE,
was duly adopted on Aug 4, 1995.

Resolved, that FINANCIAL SOLUTIONS INC., organized
and existing in the State of DELAWARE, hereby adopts
✓ name EXCEL TAX AND BOOKKEEPING SERVICES INC. for use in Florida.
EXCEL TAX AND BOOKKEEPING SERVICES INC.

Dated: AUGUST 4, 1995

Alan Lieberman

Signature of at least one director

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TALLAHASSEE
FLORIDA

**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. FINANCIAL SOLUTIONS INC.
(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
(State or country under the law of which it is incorporated)
3. APPLIED FOR
(FEI number, if applicable)
4. 6/16/95
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. JULY 1, 1995
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))
7. 7598 STOCKTON TERRACE
BOCA RATON, FL 33433
(Current mailing address)
8. FINANCIAL, TAX, BOOKKEEPING, SERVICES
(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:
Name: ALAN LIEBERMAN
Office Address: 7598 STOCKTON TERRACE
BOCA RATON, Florida, 33433
(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.

Alan Lieberman

(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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TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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ALL AMBASSADE FLORIDA

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: ALAN Lieberman

Address: 7598 STOCKTON TERRACE
BOCA RATON FL 33433

Vice President: _____

Address: _____

Secretary: ALAN Lieberman

Address: 7598 STOCKTON TERRACE
BOCA RATON FL 33433

Treasurer: ALAN Lieberman

Address: 7598 STOCKTON TERRACE BOCA RATON FL 33433

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

13. Alan Lieberman
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ALAN LIEBERMAN
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "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 TWENTIETH DAY OF JULY, A.D. 1995.

OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED



Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION: 7579259

DATE: 07-20-95