



ACCOUNT NO. 072100000032

REFERENCE

103416

11349A

AUTHORIZATION

COST LIMIT

\$ 122.50

ORDER DATE : September 30, 1996

ORDER TIME : 11:28 AM

ORDER NO. 103416

CUSTOMER NO:

11349A

CUSTOMER:

Josh Bennett, Esq Josh Bennett, Esq 4081 Hardie Road

Miami, FL 33133

9000019691590

FOREIGN FILINGS

NAME:

CREDIT PLUS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Clint Fuhrman

RECEIVED

DIVISION OF CORPORATION

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:

| ı. | CREDIT PLUS, INC. (Name of corporation: must include the word "INCORPORAT abbreviations of like import in language as will clearly indicate partnership if not so contained in the name at present.) | ED," 'COMPANY," "CORPORATION" or words or that it is a corporation instead of a natural person or | | | |
|-----|---|---|--|--|--|
| 2. | DELAWARE (State of Fourte and Indiana) | 3. <u>65-0669408</u> | | | |
| | (State or country under the law of which it is incorporated) | (FEI number, if applicable) | | | |
| 4. | MARCH 7. 1996 (Date of Incorporation) (Duration: Very august 1996 | | | | |
| б. | MARCH 7, 1996 | ation: Year corp. will cease to exist or "perpetual") | | | |
| | (Date first transacted business in Florida. (See Sections 607.150 | 01, 607,1502 and 817,155 F.S.W | | | |
| 7. | 1525 N.W. 167TH STREET, SUITE 300, MIAMI, FLORID | A 33169 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 | | | |
| | (Current mailing address) | 7 OF CR | | | |
| 8. | GENERAL BUSINESS PURPOSES (Purpose(s) of corporation authorized in home state or country to | be carried out in the state of | | | |
| 9. | Name and street address of Florida registered agent: | ATIONS ATIONS | | | |
| | Name: LAWRENCE M. SCHANTZ | | | | |
| | SCHANTZ SCHATZMAN & | AARONSON, P.A. | | | |
| | Office Address: 200 SOUTH BISCAYNE BO | | | | |
| | MIAMI, FLORIDA 33131-23 (Zip code) | 94 | | | |
| 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)

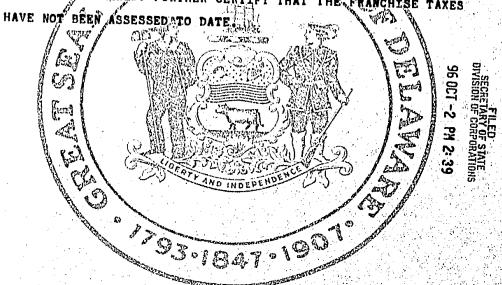
| , | | | | |
|--------|-------------------------------------|---|---------------------|--|
| 11. | · | | | |
| 12. | Names and address | es of officers and/or directors: | | |
| A. | DIRECTORS | | | |
| | Chairman; | MICHAEL OVERS | | |
| | Address: | 580 JARVIS STREET | | |
| | | TORONTO, ONTARIO CANADA M4Y 2H9 | | |
| | Vice Chairn | an:SYBIL AUSTIN | | |
| | Address: | 580 JARVIS STREET | | |
| | | TORONTO, ONTARIO CANADA M4Y 2H9 | | |
| | Director: | | | |
| | Address: | | | |
| В. | OFFICERS | | | |
| υ. | | | Pina | |
| | President: | MICHAEL OVERS | DIVISION 96 OCT | |
| | Address: | 580 JARVIS STREET | 0C7 | |
| | 1 22 m | TORONTO, ONTARIO CANADA M4Y 2H9 | -2 - FEE | |
| | | nt: SYBIL AUSTIN | HA COSE | |
| | Address: | 580 JARVIS STREET | D SPORA H 2: | |
| | C 4 | TORONTO, ONTARIO CANADA M4Y 2H9 | ယ 54 ′ | |
| | Secretary: | MICHAEL OVERS | 38 SHE | |
| | Address: | 580 JARVIS STREET | | |
| | Treasurer | TORONTO, ONTARIO CANADA M4Y 2H9 | | |
| | Address: | SYBIL AUSTIN 580 JARVIS STREET | | |
| | 2 Kuut 655, | | | |
| | | TORONTO, ONTARIO CANADA M4Y 2H9 | | |
| NOT | E: If necessary, directors. | you may attach an addendum to the application listing addition | nal officers and/or | |
| | V . — | N . | | |
| 13. | X Suriel An | 7 | • | |
| | SYBIL AUSTIN (Signature of Chairman | Vice Chairman, or any officer listed in number 12 of the application) | ·. · | |
| | | of the application) | % ⊬ [| |
| 14. | SYBIL AUSTIN, VIC | E-PRESIDENT and capacity of person signing application) | | |
| | | and capacity of person signing application) | | |
| GUREDI | IIVMISVAPPLICAT.CRE | | : | |

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State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CREDIT PLUS, 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 FIRST DAY OF OCTOBER, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES



Edward J. Freel, Secretary of State

AUTHENTICATION:

8127546

DATE:

10-01-96

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