FLORIDA CON	PLIANCE SPECIALISTS, INC. DAVE TAYLOR, PRESIDENT 131 East Lafayette Street, Suite C
2(Co. 3(Co. 4(Co.	Tallahassee, Florida 32301 $TUMBER(S)$, (if known): Voice: (904) 942-5464 Fax: (904) 942-5111 $TUMBER(S)$, (if known): $V + Increased in the image in the image. Image in the image$
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other	Will wait Photocopy Certificate of Status AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUALIFICATION // COUNTINAL Foreign Limited Partnership Limited Partnership SN011000 0L 60810W Reinstatement SIN011000 0L 81000 0L 81000 Trademark 10:1 Wd 02 Wd 86 Other Other

AFPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

V COMPLIANCE WITH SECTION 607. 1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO EGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

INI NANCIAL reserv (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.) (FEI number, if applicable) (State or country under the law of which it is incorporated) Year corp. will cease to exist or "perpetual") Duration: JA (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (Current mailing address) (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 or Mail Drop Box NOT acceptable). Name: COMPLIANCE SPECIALIST, INC. fice Address: Florida Registered agent's acceptance:

ving been named as registered agent and to accept service of process for the above stated corporation at the place designated 'his application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to nply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with l accept the obligations of my position as registered agent.



Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the partment of State, by the Secretary of State of other official having custody of corporate records in the jurisdiction under the law which it is incorporated.

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/r	KILL PEFILAUSEN	TRESIDENT	f the application)	
(Signature	e of Chairman. Vice Chairman, or any office	echaoson	······································	
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TE: If necessary, yet in (Signature	nay attach an addendum to the application Ruce <u><i>PEEIIAUSEN</i></u> of Chairman, Vice Chairman, or any office	listing additional office PRESIDIENT er listed in number 12 c	rs and/or directors. If the application)	



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The State of Texas

SECRETARY OF STATE

IT IS HEREBY CERTIFIED that Articles of Incorporation of

PRESERV FINANCIAL, INC. File No. 1423200-0

were filed in this office and a certificate of incorporation was issued to this corporation, and no certificate of dissolution is in effect and the corporation is currently in existence.



IN TESTIMONY WHEREOF, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in the City of Austin, on April 13, 1998.

va

Alberto R. Gonzales Secretary of State

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