# F9800000003561

#### TRANSMITTAL LETTER

	ation/Tax Lien Section of Corporations	
SUBJECT:	(Name of corporation - must include suffix)	
Dear Sir or Mad		
The enclosed "A "Certificate of E transact busines	· · · · · · · · · · · · · · · · · · ·	
Please return all	CARGORY W. STIRES  (Name of Person)	0025106966 -05/05/9801046001 ******78.75 *****78.75
	(Name of Person)	
	(Firm/Company)	<u>.</u>
	1229 CAMALGO WOODS DE. (Address)	
	CINCINNATI CHIO 45243  (City/State/Zip)	<del>_</del> <u>-</u> -
	ed to call someone concerning this matter, please call:	•
GREG (Nam	at (S/3) 27/. 900/ (Area Code & Daytime Telephone No	umber)
	TO A PROPERCY.	As 9

#### **COURIER ADDRESS:**

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

#### MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### 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. CAYMAN FINANCIAL GROW, 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.) (State or country under the law of which it is incorporated) 3. 31-1588416
(FEI number, if applicable)

PERIOTOR

(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7229 CAMARGOWOODS DR., CINCINNET! CHIO 45243
(Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Office Address: 398 FREEMAN ST.

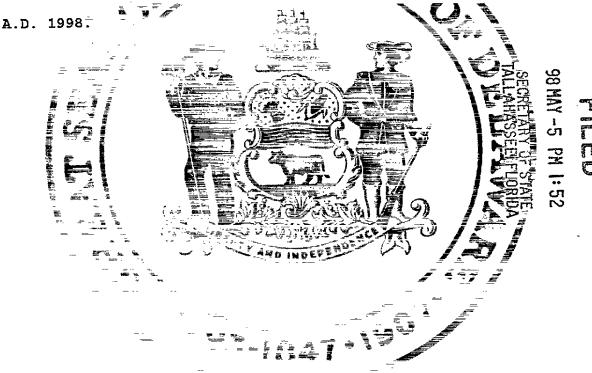
Languard , Florida, 32750 (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. 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 signatur 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.

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: CINCINNATI OND 45243 Director: RAS CASTRO Address: \_ 398 FREEMAN ST. B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: GREGORG W. STIRES Address: neg Comongowad, Dr. LONGWOOD FLR. 32750 Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) GORG W. STIRES, DIRECTOR (Typed or printed name and capacity of person signing application)

## State of Delaware Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CAYMAN FINANCIAL GROUP, 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 NINTH DAY OF MARCH,



Edward J. Freel, Secretary of State

AUTHENTICATION: 8960653

DATE: 03-09-98

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