F98000003327

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section Division of Corporations	0000025573205 -06/11/9801105002 ******70.00 ******70.00
SUBJECT: <u>OPTIMAL FUNDING</u> , INC. (Name of corporation - must include suffix	<u>C.</u>
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorizate Florida", "Certificate of Existence", and check are submitted to reforeign corporation to transact business in Florida.	tion to Transact Business in egister the above referenced
Please return all correspondence concerning this matter to the fol	lowing: 96/12
TODD CORCORAN (Name of Person) OPTIMAL FUNDING, INC. (Firm/Company) 1407 ROUTE 9 (Address) CLIFTON PARK, NY. (City/State/Zip)	FILED TARY OF STATE OF CORPORED OF CORPORED OF STATE OF S
Should you need to call someone concerning this matter, please of TODD CORCORAN (Area C	all: at (<i>S18-383-6/68</i>) Code & Daytime Telephone Number)

COURIER ADDRESS:

MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327

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:

1.	OPTIMAL FUNDING, TNC. (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) (FEI number, if applicable)	
4.	(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
	Nowe AS YET (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)	
7.	CLIFTON PARK, NY 12065 (Current mailing address)	
8. Mortoage Original Propose(s) of corporation authorized in home state or country to be carried out in the state of Florida Propose(s) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)		
	Name: PAUL É- DION	
	Office Address: 1715 STICKNEY POINT ROAD SUITE C-S SARASOTIA, Florida , 3423 (Zip Code)	
10.	Registered agent's acceptance: (Zip Code)	
Having been named as registered agent and to accept service of processor 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 complyith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familianth and accept the obligations of my position as registered agent.		

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to

(Registered agent's signature)

12. Names and addresses of officers and/or directors: (Street addres@NLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Address: ____ Vice Chairman: Address: Director: Address: _ Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: MICHAEL A. MUNEO Address: 6222 JOHNSTON RD. ALBANY, NY. 12203 Vice President: Address: Secretary: __ Address: Treasurer:

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

Address:

13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the 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 "OPTIMAL FUNDING, 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 TWENTY-EIGHTH DAY OF MAY,



Edward J. Freel, Secretary of State

AUTHENTICATION:

9105936

DATE:

05-28-98

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