

F98000004331

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

000002601680--8
-07/29/98-01067--002
*****70.00 *****70.00

SUBJECT: INTERCON FINANCIAL SERVICES, 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:

JOHN H. PAYNE
(Name of Person)

INTERCON FINANCIAL SERVICES, INC
(Firm/Company)

1240 GRIFFIN AVE
(Address)

ENUMCLAW, WASH. 98022
(City/State/Zip)

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DIVISION OF CORPORATIONS
98 JUL 29 PM 2:57

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

JOHN PAYNE at (206) 972-0485
(Name of Person) (Area Code & Daytime Telephone Number)
FAX 253-539-9087

COURIER ADDRESS:

Qualification/Tax Lien Sec.
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:*

1. INTERCON FINANCIAL SERVICES, 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. WASHINGTON STATE 3. 91-1905439
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7/2/98 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 8/1/98
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)

7. _____

1240 GRIFFIN AVE, ENUMCLAW, WA 98022
(Current mailing address)

8. FINANCIAL 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: (P.O. Box or Mail Drop Box NOT acceptable)

Name: JOHN PAYNE

Office Address: 801 BRICKELL AVE 9TH FLOOR

MIAMI, Florida, 33131
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above 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.

[Signature]
(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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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: JOHN PAYNE

Address: 1240 GRIFFIN AVE, ENUMCLAW, WA 98022

Vice Chairman: _____

Address: _____

Director: DOROTHY PAYNE

Address: 1240 GRIFFIN AVE, ENUMCLAW, WA 98022

Director: UDO SCHIEKE

Address: 1240 GRIFFIN AVE, ENUMCLAW, WA 98022

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

President: JOHN PAYNE

Address: 1240 GRIFFIN AVE
ENUMCLAW, WA 98022

Vice President: UDO SCHIEKE

Address: 1240 GRIFFIN AVE
ENUMCLAW, WA 98022


Secretary: DOROTHY PAYNE

Address: 1240 GRIFFIN AVE,
ENUMCLAW, WA 98022

Treasurer: DOROTHY PAYNE

Address: 1240 GRIFFIN AVE
ENUMCLAW, WA 98022

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

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

14. JOHN PAYNE, CHAIRMAN
(Typed or printed name and capacity of person signing application)

STATE of WASHINGTON



SECRETARY of STATE

I, **RALPH MUNRO**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF INCORPORATION

to

INTERCON FINANCIAL SERVICES, INC.

a Washington Profit corporation. Articles of Incorporation were filed for record in this office on the date indicated below.

UBI Number: 601 886 384

Date: July 02, 1998

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Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

Ralph Munro, Secretary of State
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