

F980000004444

Requestor's Name

FLORIDA COMPLIANCE SPECIALISTS, INC.

DAVE TAYLOR, PRESIDENT



1331 East Lafayette Street, Suite C  
Tallahassee, Florida 32301  
Voice: (904) 942-5464 Fax: (904) 942-5111

Office Use Only

NUMBER(S), (if known):

1. Marquest Fin'l Inc. 411792900  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- ☒ Walk in ☒ Pick up time 7/28 ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-08/05/98--01063--014  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

428/5/98

RECEIVED  
98 AUG -5 AM 11:50  
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

Marquest Financial 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.)

\*  
X

Minnesota

State or country under the law of which it is incorporated)

3. 411792900

(FEI number, if applicable)

Sept. 1, 1994

(Date of incorporation)

3. Perpetual

(Duration. Year corp. will cease to exist or "perpetual")

Upon Qualification

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 617.153, F.S.)

\* 6100 Green Valley Drive #170

Bloomington, MN 55438

(Current mailing address)

\*  
X

Mortgage Broker

(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: Elizabeth A. Dunklap

cc Address: 15302 Hidden Arbor Court

Odessa

Florida

33556

(Zip code)

Registered agent's acceptance:

I, Elizabeth A. Dunklap, being 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  
accept the obligations of my position as registered agent.

Elizabeth A. Dunklap  
(Registered agent's signature)

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TALLAHASSEE, FLORIDA

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  
which it is incorporated

Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

☒ DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: \_\_\_\_\_

Vice: \_\_\_\_\_

Chairman: \_\_\_\_\_

Vice: \_\_\_\_\_

Director: \_\_\_\_\_

Vice: \_\_\_\_\_

Director: \_\_\_\_\_

Vice: \_\_\_\_\_

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

President: \_\_\_\_\_

Vice: \_\_\_\_\_

President: \_\_\_\_\_

Vice: \_\_\_\_\_

Secretary: \_\_\_\_\_

Vice: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Vice: \_\_\_\_\_

(E: 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)

Edward M. Graca

(Typed or printed name and capacity of person signing application)

Edward M. Graca

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TALLAHASSEE, FLORIDA

State of Minnesota

**SECRETARY OF STATE**

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TALLAHASSEE, FLORIDA

Certificate of Good Standing

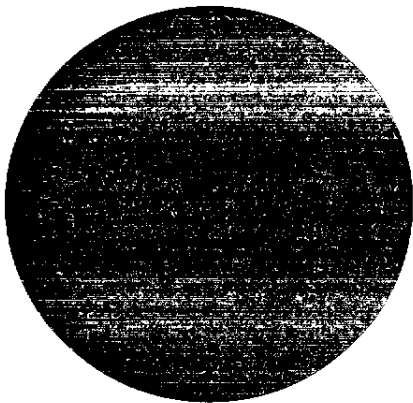
I, Joan Anderson Growe, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Marquest Financial, Inc.

Date Formed: 08/05/1994

Chapter Governed By: 302A

This certificate has been issued on 07/16/98.



*Joan Anderson Growe*  
Secretary of State.