

# F 98000007034

## TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS

SUBJECT: Southeast Financial Services Incorporated  
(Name of corporation - must include suffix)

400002666864--6  
-10/19/98--01076--002  
\*\*\*131.25 \*\*\*87.50

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:

Eugene Cecchini  
(Name of Person)  
Southeast Financial Services Inc.  
(Firm/Company)  
29701 Minglewood Ln  
(Address)  
Farmington Hills MI 48334  
(City, State and Zip Code)

~~1098-23699~~

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

Eugene Cecchini at ( 248 ) 626-0431  
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:  
Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:  
Qualification/Tax Lien Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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DIVISION OF CORPORATIONS  
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FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

October 19, 1998

EUGENE CECCHINI  
SOUTHEAST FINANCIAL SERVICES, INC.  
29701 MINGLEWOOD LN  
FARMINGTON HILLS, MI 48334

SUBJECT: SOUTHEAST FINANCIAL SERVICES, INC.  
Ref. Number: W98000023699

We have received your document for SOUTHEAST FINANCIAL SERVICES, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

I am returning the certificate for your annual report as this office requires a foreign corporation to submit a certificate of "existence" not a annual report certificate.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6094.

Agnes Lunt  
Document Specialist

Letter Number: 498A00051589

# RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned EUGENE CECCHINI, do hereby certify  
(Name)

that this Resolution of the Board of Directors of SOUTHEAST FINANCIAL SERVICE INC.

(Corporate Name)

a corporation duly organized and existing under the laws of the State of NEVADA,

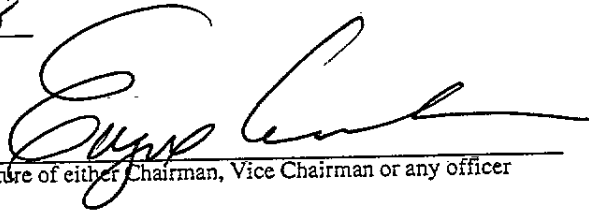
was duly adopted on December 11<sup>th</sup>, 1998.

Be it resolved, that SOUTHEAST FINANCIAL SERVICE INC.  
(Corporate Name)

organized and existing in the State of NEVADA, hereby adopts the name

FIRST SOUTHEAST FINANCIAL INC. for use in Florida.

Dated: 12/11/98

  
Signature of either Chairman, Vice Chairman or any officer

EUGENE CECCHINI  
Type or print name

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:

1. Southeast 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. NEVADA 3. 88-0405936  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/02/98 5. PERPETUAL  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

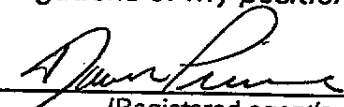
6. None to date  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 2783 Tigers eye Pass  
Clearwater FL 34620-1625  
(Current mailing address)

8. Purchase existing installment contracts  
(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:  
Name: Dawn Prince  
Office Address: 2783 Tigers eye Pass  
Clearwater, Florida, 34620-1625  
(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 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: \_\_\_\_\_

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

President: Eugene Cecchini

Address: 29701 Minglewood Ln  
Farmington Hills MI 48334

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

Address: \_\_\_\_\_

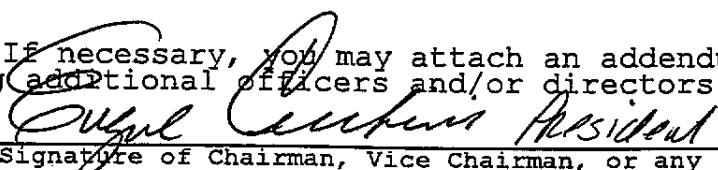
Secretary: EUGENE U. Cecchini JR

Address: 13759 WINDMOOR DR  
SOUTH LYON MI 48178

Treasurer: EUGENE U. Cecchini JR

Address: 13759 WINDMOOR DR

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. Eugene Cecchini President  
(Typed or printed name and capacity of person signing application)

# SECRETARY OF STATE



## CORPORATE CHARTER

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I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that **SOUTHEAST FINANCIAL SERVICES, INC.** did on **September 2, 1998** file in this office the original Articles of Incorporation; that said Articles are now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said Articles contain all the provisions required by the law of said State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on September 2, 1998.

*Dean Heller*

Secretary of State

By

*Kelly R. Davenport*

Certification Clerk

