		Qualification/Tax Lie											
	Division of Corporations												
	SUBJEC	CT:	<u>PMC</u>	Financial	Servies,	lnc.							
			(Name of	corporation - must inch	ude suffix)								
	Dear Sir	or Madam:				029 90 1/20/990 ****70.00	723 1063- ****						
	"Certific	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:												
	Charline Gust												
	(Name of Person)												
		Pn	nc Fir	nancial ?	Services- Blud #	lno.							
marler	20 GII	CT GAVE	4	(Firm/Company)		e.							
MAG		OVELONE TO	lalm	Beh Laken	Blood #	777							
ITHORIZ		VOCA IILIAN	104.12	(Address)	0000	~~							
ORRECT	9-90	110cf	Julm Ber	h, R 339	409								
YC EXA	M. D			(City/State/Zip)	•	_							
5 4. –		·····		•									
	Should v	you need to call some	one concerning	this matter, please call:									
	Should)	ou hood to our some	ono concommig	ans mater, prease car.									
	Charlese Bust at (561, 683-5111												
	(Name of Person) (Area Code & Daytime Telephone Number)												
					•	SECO TALL	> > _						
	COURI	ER ADDRESS:		MAILING	ADDRESS:	NOV AHAS	1						
	Qualifica	ation/Tax Lien Section	n	Qualificatio	n/Tax Lien Section	SEE SEE	1						
		of Corporations		Division of	Corporations								
		aines St.		P.O. Box 63		- L	Ç						
	Tallahas	see, FL 32399		Tallahassee,	FL 32314								



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 22, 1999

CHARLOTTE GUST PMC FINANCIAL SERVICES INC. 2000 PALM BEACH LAKES BLVD. #777 WEST PALM BEACH, FL 33409

SUBJECT: PMC FINANCIAL SERVICES INC.

Ref. Number: W99000021878

We have received your document for PMC FINANCIAL SERVICES INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

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.

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) 487-6025.

Trevor Brumbley Document Specialist

Letter Number: 399A00046460

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO EGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1.	PMC Financial Services Inc.
1.	(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.	<u>Nevado</u> 3. <u>65-0919301</u>
	(State or country under the law of which it is incorporated) (FEI indicate, if applicable)
4	(Date of incorporation) 5. Define Management (Duration: Year corp/will cease to exist or "perpetual")
	(Date of incorporation) (Duration: Year corp/will cease to exist or "perpetual")
6.	WOON acceptance
	(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7.	2000 Palm Bow Lakes Blook #1979
	West left BCU, PC 33409
	(Current mailing address)
8.	Anancing
	(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: Marline Caest
Οí	fice Address: 2000 Palm bel lake Blue them
	West Palm ML Florida 33404 Fig 00 17
	(Zip code)
10	Registered agent's acceptance:
in coi	wing been named as registered agent and to accept service of process for the above stated corporation at the place designated this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to apply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with decept the obligations of my position as registered agent.
	Charlene Ul gust
	(Registered agent's signature)

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

of which it is incorporated.

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

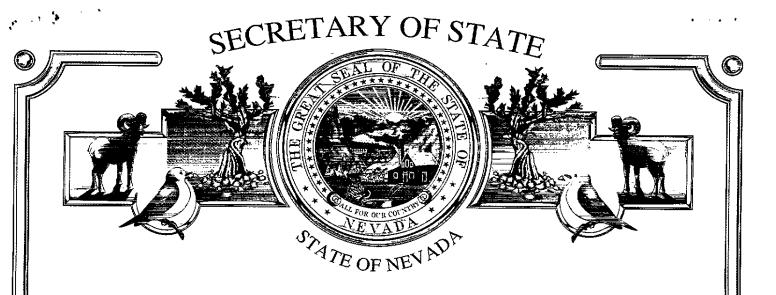
A. DIRECTORS (Street address only - P.O. Box NOT acceptable)
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS (Street address only - P.O. Box NOT acceptable)
President: Man Minsley
Address: 2000 Julin Bels Lake Blish 4777
West talm Bch, FC 33489
Vice President: Claudia Caplan
Address: 2000 Ralm BL Lakes Blish #75
West Palm Beh, 19 33409
Secretary: Claudia Caplan
Address: 2000 Palm Bin Walls Block thon 300
West Palm Ben, The 33409 ER
Treasurer: alan ausley SSA T
- 2000 Calo Calo Labor Blue Home II
West Palu But the Basel ST
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. <u>Alan Ainsley</u> Fraident
(Typed or printed name and capacity of person signing application)

RESOLUTION OF BOARD OF DIRECTORS-

(Please print or type)

I, the undersigned	Alan	Junsty (Name)		, do hereby certify
that this Resolution of	the Board of Dir	ectors of		
PMO Fil	nancial	Selvices (Corporate Name)	Inc.	
a corporation duly org				evædo,
was duly adopted on _ Be it resolved, that	AMC FI	nancial	Service'S	Inc.
organized and existing	g in the State of _	Nevade	, her	eby adopts the name
- PMC A	set Cor	poration	- - -	for use in Florida.
Dated: <u>1/30/</u>	91			
		Manager Chairman, Vice Chairman, Vic	airman or any officer	99 NOV SECRETA TALLAHAS
	Alan	77)	-8 PN / RY OF SJA
		Type or print name	•	T DA T

INHS19(4/96)



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **PMC FINANCIAL SERVICES INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 28, 1999, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on August 12, 1999.

Secretary of State

S. J. Jan

Certification Clerk

FILED

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CRETARY OF STAJE

LAHASSEE STAJE