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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
07 DEC -6 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK  
12/17

FLORIDA COMPLIANCE SPECIALISTS, INC.

DAVE TAYLOR, PRESIDENT

2333 Hansen Lane, Suite 3  
Tallahassee, Florida 32301  
Voice: (850)942-5464 Fax: (850)942-5111  
dave@floridacompliance.com  
www.floridacompliance.com

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ALLIANCE FINANCIAL NETWORK INC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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☐ Certificate of Status

NEW FILINGS

- ☐ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other

OTHER FILINGS

- ☐ Annual Report  
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

REGISTRATION/QUALIFICATION

- ☒ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

**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. ALLIANCE FINANCIAL NETWORK, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW JERSEY 3. 26-0319624  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JUNE 8, 2007 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 8 HYERS ST. TOMS RIVER, NJ 08753  
(Principal office address)

8 HYERS ST. TOMS RIVER NJ 08753  
(Current mailing address)

8. MORTGAGE BROKING + LENDING  
(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 NOT acceptable)

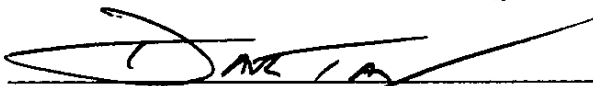
Name: FLORIDA COMPLIANCE SPECIALISTS INC (DAVE/AUDREY)

Office Address: 2333 HANSEN LANE STE. 3

TALLAHASSEE, Florida 32301  
(City) (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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07 DEC -6 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: DAN PALUMBO

Address: 8 MYERS ST.

TOMS RIVER, NJ 08753

Vice Chairman: JUAN CARLOS BELLU

Address: 8 MYERS ST.

TOMS RIVER, NJ 08753

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

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

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

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

**B. OFFICERS**

President: DAN PALUMBO

Address: 8 MYERS ST.

TOMS RIVER, NJ 08753

Vice President: JUAN CARLOS BELLU

Address: 8 MYERS ST.

TOMS RIVER, NJ 08753

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

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

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

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

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

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. DANIEL B. PALUMBO

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

**STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING**

**ALLIANCE FINANCIAL NETWORK INC**

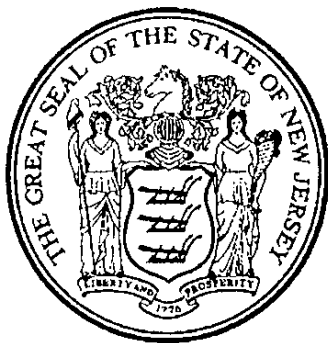
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*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on June 8, 2007.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and registered office are:*

*Daniel Palumbo  
1321 Mizzen Ave  
Beachwood, NJ 08722*



Certification# 111379224

*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed my  
Official Seal at Trenton, this  
4th day of December, 2007*

*Michellene Davis  
Acting State Treasurer*

Verify this certificate at  
[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)