

F04 00000 4204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

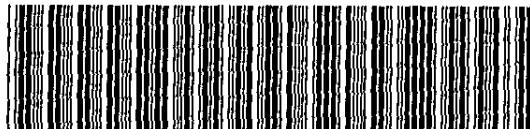
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2004 JUL 22 AM 9:02  
TALLAHASSEE, FLORIDA

W04-25233  
J. BRYAN JUL - 1 2004

J. BRYAN JUL 23 2004

**UIA DIVERSIFIED CORP.  
870 MONTAUK HIGHWAY  
BAYPORT, NEW YORK 11705**

June 23, 2004

Registration Section  
Division of Corporations  
409E. Gaines Street  
Tallahassee, FL 32399

Att: Registration Section  
Division of Corporations

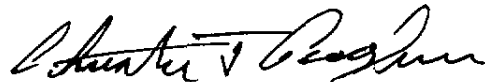
RE: Application by Foreign Corporation for authorization to transact business in Florida,  
certificate of existence.

To Whom It May Concern:

Would you please accept this letter as our official request to obtain a certified copy of  
certificate of existence to transact the business of Insurance Premium Financing in the  
Great State of Florida.

Part of the Florida licensing requirements requires UIA Diversified Corp. to secure a  
certified certificate of existence (certificate of good standing) and submit this certified  
certificate with our application. We are fully aware we are not permitted to transact the  
business of Insurance Premium Financing until we are properly licensed as an Insurance  
Premium Finance Company. Thank you.

Sincerely,



Christopher J. Geoghan  
President

CJG:jyg

FILED  
2004 JUL 22 AM 9:02  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

FILED  
2004 JUL 22 AM 9:02  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SUBJECT: UIA DIVERSIFIED CORP.  
(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:

Christopher J Geoghan  
(Name of Person)

UIA DIVERSIFIED CORP.  
(Firm/Company)

245 South Suedecor Ave.  
(Address)

Bayport, New York 11705  
(City/State and Zip code)

For further information concerning this matter, please call:

Christopher J Geoghan at (631) 472 5000  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

FILED  
2004 JUL 22 AM 9:02  
TALLAHASSEE, FLORIDA

July 1, 2004

CHRISTOPHER J. GEOGHAN  
UIA DIVERSIFIED CORP.  
245 SOUTH SNEDECOR AVE.  
BAYPORT, NY 11705

SUBJECT: UIA DIVERSIFIED CORP.  
Ref. Number: W04000025233

We have received your document for UIA DIVERSIFIED CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 204A00042776

7/19/04  
Dear Mr Bryan, enclosed is a signed copy as requested. I'm sorry for the error.  
*Christy D. ...*

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.

FILED  
2004 JUL 22 AM 9:02  
CORPORATIONS  
TALLAHASSEE, FLORIDA

- UFA Diversified Corp.  
(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.)
- New York State  
(State or country under the law of which it is incorporated)
- 113329694  
(FEI number, if applicable)
- June 18<sup>th</sup> / 1986  
(Date of incorporation)
- 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 817.155, F.S.)
- 870 Montauk Hwy. Bayport, N.Y. 11705  
PO Box 995 Sayville, New York 11782  
(Current mailing address)
- Insurance Premium Finance Company  
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324  
(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.

C T Corporation System

Ann Askerashi

(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.

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

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

A. DIRECTORS

Chairman: Christopher J Geoghan

Address: 245 South Suedecor ave,  
Bayport, New York 11705

Vice Chairman: NONE

Address:

Director: Jacqueline Y Geoghan

Address: 245 South Suedecor ave,  
Bayport, New York 11705

Director:

Address:

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2001 JUL 22 AM 9:02  
CORPORATIONS  
TALLAHASSEE, FLORIDA

B. OFFICERS

President: Christopher J Geoghan

Address: 245 South Suedecor ave  
Bayport, New York 11705

Vice President: NONE

Address:

Secretary: Jacqueline Y Geoghan

Address: 245 South Suedecor ave, Bayport  
New York 11705

Treasurer: NONE

Address:

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

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

14. Christopher J Geoghan President  
(Typed or printed name and capacity of person signing application)

**State of New York** | **ss:**  
**Department of State**

I hereby certify, that the Certificate of Incorporation of UIA DIVERSIFIED CORP. was filed on 06/18/1996, under the name of CROSS COUNTRY CREDIT CORP., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

A Certificate of Amendment CROSS COUNTRY CREDIT CORP., changing its name to UIA DIVERSIFIED CORP., was filed 06/06/1997.

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*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 19th day of May  
two thousand and four.*



*Secretary of State*

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