

F07000003495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

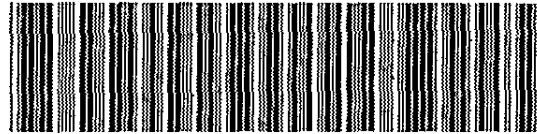
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JUL 11 2007  
4501C-7.0M

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Choice Funding Corporation  
(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:

Jonathan Bowen  
(Name of Person)

Choice Funding Corp.  
(Firm/Company)

P. O. Box 608  
(Address)

Newry ME 04261  
(City/State and Zip code)

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For further information concerning this matter, please call:

Jonathan Bowen at (207) 824-0420 ext. 1  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing 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

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. Choice Funding Corporation  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Northstar Mortgage Group FUNDING Choices Inc  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. ME 3. 05-0461093  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7-15-91 5. \_\_\_\_\_  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 49 Mansim St. Newry ME 04261  
(Principal office address)

PO Box 68 Newry ME 04261  
(Current mailing address)

8. Mortgage Broker  
(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: PAMELA M. DUGGAN

Office Address: 7608 20th AVE NW

BRADENTON, Florida 34209  
(City) (Zip code)

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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.

Pamela M. Duggan  
(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 business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: NIA

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

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

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

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

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

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

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

**B. OFFICERS**

President: Jonathan Bowen

Address: 49 Mansien St.

Newry ME 04261

Vice President: Same as above

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

Secretary: Same as above

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

Treasurer: Same as above

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

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**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. Jonathan Bowen

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

# State of Maine



## Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and that the paper to which this is attached is a true copy from the records of this Department.

*In testimony whereof*, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this twenty-second day of May 2007.



A handwritten signature in black ink, appearing to read "Matthew Dunlap".

**MATTHEW DUNLAP**

*Secretary of State*

### Corporate Information Summary

<b>Legal Name</b>		<b>Charter Number</b>	<b>Filing Type</b>
CHOICE FUNDING CORPORATION		20042751 D	BUSINESS CORPORATION
<b>Status</b>	<b>Filing Date</b>	<b>Expiration Date</b>	<b>Jurisdiction</b>
GOOD STANDING	07/15/1991	N/A	MAINE
<b>Other Names</b>			<b>(A=Assumed ; F=Former)</b>
No other names			
<b>Clerk/Registered Agent</b>			
JONATHAN BOWEN P.O. BOX 68 NEWRY, ME 04261			