

January 21, 2000

Qualifications/Tax Lien Section Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: Application for Certificate of Authority and Transmittal Letter

To Whom It May Concern:

700003108597--3 -01/24/00--01120--004 *****70.00 *****70.00

This letter is to formally apply for Certificate of Authority for National Standard Mortgage Corp. to conduct business in the State of Florida. As per your requirements, enclosed please find the following:

- (1) Original and complete Transmittal Letter;
- (2) Original, complete, signed and dated Application By Foreign Corporation for Authorization to Transact Business in Florida/Certificate of Authority;
- (3) Original Certificate of Good Standing from the State of New York Department of State dated December 14th, 1999; and
- (4) Check in the amount of \$70.00, Check #8949, made payable to Florida Department of State to cover the cost of registration fee.

Should you have any other requirements in regards to the above referenced matter, please do not hesitate to contact me at 914-631-6060, Ext. 104.

Thank you for your time and cooperation in this matter and am looking forward to hearing from your soon.

Sincerely yours,

Victor B. Fama, Esq.

National Standard Mortgage Corp.

/sp cc: file Enclosures

Spgr

TRANSMITTAL LETTER

| | f Corporations | | -:== . |
|---|--|--|--|
| SUBJECT: NA | TIONAL STANDARD MORTO | SAGE CORP. | |
| | | ation - must include suffix) | A STATE OF THE STA |
| Dear Sir or Madarr | n: | | |
| The enclosed "App "Certificate of Exis to transact business | plication by Foreign Corporation fatence, and check are submitted to in Florida. | for Authorization to Transact leto register the above reference | Business in Florida", d foreign corporation |
| Please return all con | rrespondence concerning this made | tter to the following: | |
| VI | CTOR B. FAMA, ESQ. | | |
| | (Name | of Person) | |
| NA | TIONAL STANDARD MORTO | GAGE CORP. | |
| | (Firm/Company) | | |
| 15 | 0 WHITE PLAINS ROAD | | DO J |
| | (Ad | ldress) | 至 三 四 |
| TA | RRYTOWN, NEW YORK 105 | 591 | JAN 24 PM |
| | (City/S | state/Zip) | FIG P |
| Should you need to | call someone concerning this mat | ter, please call: | FILED ON JAN 24 PM 12: 51 SECRETARISE FLORIDA TALLAHASSEE FLORIDA |
| VICTOR B. FAI | MA, ESQ. at (914 |) 631-6060, EXT. | 104 |
| (Name of Po | erson) (Area | a Code & Daytime Telephone | |
| | | | |
| STREET ADDRES | STREET ADDRESS: | | |
| Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 | | Qualification/Tax Lien Sec Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | ction |
| Enclosed is a check f | or the following amount: | | |
| X⅓ \$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 FOR EIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 507.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| NATIONAL STANDARD MORTGAGE CORP. | |
|---|--------------|
| (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or | |
| words or abbreviations of like importen language as will elearly indicate that it is a corporation instead of a | - |
| natural person or partnership if not so contained in the name at present.) | |
| | |
| 2 NEW YORK 3. 13-3463737 | |
| (State or country under the law of which it is incorporated) (FEI number, if applicable) | |
| 4 MAY 4, 1988 5 PERPETUAL | |
| (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") | |
| 6 NOT APPLICABLE | |
| (Date first transected business if Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) | |
| - 150 WHITE PLAINS ROAD | _ |
| TARRYTOWN, NEW YORK 0591 | |
| (Current mailing address) | ₹. —• • |
| TALL TALL | |
| | -8-3 |
| 8. MAKING OF MORTGAGE LOANS SECURED BY REAL PROPERTY. | 1 1 |
| (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) | Contracts to |
| | |
| 9. Name and street address of Florida registered agent: (P.O. Box of Mail Drop Box NOT acceptable) Name: CORPORATION SERVICE COMPANY | |
| Name: CORPORATION SERVICE COMPANY | |
| | |
| Office Address: 1201 HAYES STREET | . = . |
| TALLAHASSEE , Florida, 32301-2607 | |
| (Zip code) | · += 1 • , |
| | |
| 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 application 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.

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

| A. DIRECTO | RS (Street address only - P.O. Box NOT acceptable) | |
|-----------------|--|--|
| Chairman: | WILLIAM T. SCHUNK | |
| Address: | 47 CHESTER COURT | |
| | CORTLANDT MANOR, NEW YORK 10566 | |
| Vice Chairman: | GIDEON HIRSCHMANN | |
| Address: | 9 BENEDICT AVENUE | |
| - 11 | WHITE PLAINS, NEW YORK 10604 | |
| Director: | NOT APPLICABLE | la la l |
| Address: | | |
| | | |
| irector: | NOT APPLICABLE | |
| Address: | The second secon | <u> </u> |
| . OFFICER | S (Street address only - P.O. Box NOT acceptable) | |
| resident: | WILLIAM T. SCHUNK | OO JA |
| .ddress: | 47 CHESTER COURT | |
| | CORTLANDT MANOR, NEW YORK 10566 | SEELL S |
| ice President: | GIDEON HIRSCHMANN | Es S |
| ddress: | 9 BENEDICT AVENUE | DE T |
| ···· | WHITE PLAINS, NEW YORK 10604 | |
| cretary: | GIDEON HIRSCHMANN | |
| ddress: | 9 BENEDICT AVENUE | . # T 10/17 11/19 / |
| | WHITE PLAINS, NEW YORK 10604 | |
| reasurer: | WILLIAM T. SCHUNK | |
| ddress: | 47 CHESTER COURT | |
| * -02 | CORTLANDT MANOR, NEW YORK 10566 | |
| OTE: If neces | ssary, you may attach an addendum to the application listing additional officers and/or directly | ectors. |
| B | | the second of th |
| | (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the applica | |
| · | (Typed or printed name and capacity of person signing application) | 01/12/2000 DATE |

State of New York Department of State

I hereby certify, that the certificate of incorporation of NATIONAL STANDARD MORTGAGE CORP. was filed on 05/04/1988, under the name of 150 WHITE PLAINS ROAD CORP., with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in 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. I further certify the following:

A Certificate of Amendment 150 WHITE PLAINS ROAD CORP., changing name to FIRST AMERICAN MORTGAGE BANKERS, INC., was filed 05/23/1988.

A Certificate of Amendment FIRST AMERICAN MORTGAGE BANKERS, INC., changing name to HERITAGE MORTGAGE BANKING, LTD., was filed 09/08/1988.

A Certificate of Amendment HERITAGE MORTGAGE BANKING, LTD., changing name to NATIONAL STANDARD MORTGAGE CORP., was filed 06/07/1989.

A Biennial Statement was filed 09/30/1993.

A Biennial Statement was filed 05/11/1998.

I further certify, that no other certificates have been filed by such corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 14th day of December one thousand nine hundred and ninety-nine.

Special Deputy Secretary of State

FILED

00 JAN 24 PM 12: 52

SECRETARY OF STATE
AREA HASSEE FLORIE

199912150419 * 39