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TRANSMITTAL LETTER	
To: Qualification/Tax Lien Section Division of Corporations SUBJECT:	
(Name of corporation - must include suffix)	d dad - 1975 Ann ann

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:

Paul Vitale	8000031031182 -01/19/0001084004
(Name of Person)	****122.50 *****78.75
Commercial Capital Co	REPORATION W-1944
(Firm/Company)	
25 West 43RD Street	Suite 20031182
(Address)	-02/10/0001058001
New York N.Y. 11	0 <i>0.36</i> ****3450.00 ****3450.00
(City/State/Zip)	

Should you need to call someone concerning this matter, please call:

at (2/2) 7/9-0002 (Area Code & Daytime Telephone Number) (Name of Person)

COURIER ADDRESS:

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 69

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 24, 2000

PAUL WHITE COMMERCIAL CAPITAL CORP 25 WEST 43RD STREET, STE 900 NEW YORK, NY 10036

SUBJECT: COMMERCIAL CAPITAL CORPORATION Ref. Number: W00000001946

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We have received your document for COMMERCIAL CAPITAL CORPORATION \sim and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$3450.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501 or 617.1501, Florida Statutes.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 900A00003243

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	Commercial Capital Corporation
	(Name of corporation; must include the work "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.	DelAWARE 3333
	(State or country under the law of which it is incorporated) (FEI number, if applicable)
4.	2-15-94 5 Repetual
	(Duration: Year corp. will cease to exist or "perpetual")
6,	3/1/97
	(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.
7.	25 West 43RD Street Suite 900 Eg
	New Jork, N.J. 10036
	(Current mailing address)
8.	Drigination of small business commercial loans = 0
•••	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) $\sum \sum_{i=1}^{N}$
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
	Name: CORPORATION SERVICE COMPANY
0	Address: 1201 Hays StReet 32301
	Tallahassee, Florida, 3230/ (Zip code)
	(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. CORPORATION SELUICE COMPANY

Asst. VP nly

(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)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable) REEMAN Chairman: 10036 Ste 900 57. 43ed Address: SeyAJO CO actor MEMON St. Ste 0036 Address: Director: 0036 Address: .5 ¢ APO 10 Director: 10022 Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) 00 CEO ROCMAN President Street 900 25 SRB Address: ___ ഗ Revie CRAIG President: Ste Address: Secretary: 900 10036 Address: Treasurer: IDD36 13AN P 25 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. _ Vice Chairman, or any officer listed in number 12 of the application) (Signature of Chairman, PAÜ ρ 14.

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

01/18/00 TUE 09:59 FAX 212 719 4223 COMMERCIAL CAPITAL 2003 2301 US: STRUCCE BU MALDEN LANE 212 506 5006; 01/03/00 5:16PM; Jettax #609; Fage 3/3

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State of Delaware PAGE 1 Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMMERCIAL CAPITAL CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF DECEMBER, A.D. 1999.

BEEN FILED TO DATE.

. . .

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FEB ILL MI 9 FT L



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Edward J. Freel, Secretary of State

DATE

AUTHENTICATION:

Q156485