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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301 (850)222-1092

City State Zip Phone

300003214773-5
-04/19/00-01072-008
*****70.00 *****70.00

CORPORATION(S) NAME

Avonwood Capital Corporation

- Profit
- NonProfit
- Limited Liability Company
- Foreign *Qualification*
- Limited Partnership
- Reinstatement
- Limited Liability Partnership
- Certified Copy
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LAURA EARNEST

hjk 4/19

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. AVONWOOD CAPITAL CORPORATION
(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.)
2. PENNSYLVANIA 3. 23-2794070
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/18/95 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 03/31/00
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 532 Avonwood Road
HAVERFORD, PA 19041
(Current mailing address)
8. MORTGAGE BANKING
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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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 Rd.
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.

Margaret E. Routzahn
(Registered agent's signature)

MARGARET E. ROUTZAHN
Special Assistant Secretary

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)

Chairman: JAMES W. PORTER JR.

Address: 532 AVONWOOD ROAD
HAVERFORD, PA 19041

Vice Chairman: N/A

Address:

Director: SAMUEL B. MORELLI

Address: 310 Stanton Road
Glen Mills, PA 19342

Director: CHARLES GAUDIOSO

Address: 334 Kennet Pike
Chadds Ford, PA 19317

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: JAMES W. PORTER JR

Address: 532 AVONWOOD ROAD
HAVERFORD, PA 19041

Vice President: n/a

Address:

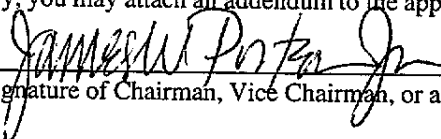
Secretary: n/a

Address:

Treasurer:

Address:

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

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

14. JAMES W. PORTER JR / CHAIRMAN AND CEO
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

APRIL 18, 2000

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DIVISION OF CORPORATIONS
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TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

AVONWOOD CAPITAL CORPORATION

is duly incorporated under the laws of the Commonwealth of Pennsylvania
and remains a subsisting corporation so far as the records of this office
show, as of the date herein.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's
Office to be affixed, the day
and year above written.

Kim Ditzinger

Secretary of the Commonwealth

DPOS