

F01000002851

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H01000066917 5)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

575 ext

RECEIVED
TALLAHASSEE, FLORIDA

01 MAY 29 PM 1:59

FILED

AL

FOREIGN PROFIT QUALIFICATION

PROFESSIONAL MORTGAGE BANKERS CORP.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing

Public Access Help

BLUMB CORP SVCS
(850) 487-6013

Fax: 2124311441

May 29 2001 11:42
p1 /1

P.01

05/18/01 09:16 Fl Dept of State



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 18, 2001

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: PROFESSIONAL MORTGAGE BANKERS CORP.
REF: W01000011329

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Written approval and clearance of the terms BANK, BANKER, BANKING, TRUST COMPANY, BANCSHARES, SAVINGS & LOAN ASSOCIATION, SAVINGS BANK, or CREDIT UNION or words of similar import, must be obtained from the Division of Banking, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Name Approval Request" form to be filled out and sent to the address indicated on the form. If the proposed name is approved by the Division of Banking, resubmit the document and approval letter to the Division of Corporations for filing.

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) 487-6094.

Agnes Lunt
Document Specialist

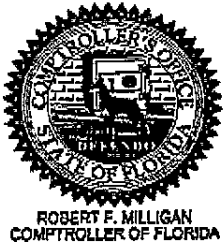
FAX Aud. #: E01000066917
Letter Number: 201A00030444

RECEIVED
01 MAY 29 PM 12:05
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED

01 MAY 29 PM 1:59
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



OFFICE OF THE COMPTROLLER
DEPARTMENT OF BANKING AND FINANCE
STATE OF FLORIDA
TALLAHASSEE
32399-0350

May 21, 2001

Jose Mojica
National Accounts Manager
Blumberg Excelsior
62 White Street
New York, NY 10013

Dear Mr. Mojica:

Re: "Professional Mortgage Bankers Corp."

Thank you for your recent letter/fax requesting approval for use of the above-referenced corporate name. It is the opinion of this Department that your name is definitive enough to differentiate the business being conducted from that of a commercial bank or trust company. Therefore, the Department does not object to your use of the above-referenced corporate name being registered as a foreign corporation in the state of Florida.

Sincerely,


Alex Hager
Director

AH:kr

cc: Karon Beyer, Chief, Bureau of Corporate Records,
Division of Corporations, Secretary of State's Office

William T. Sims, Division of Finance/Securities
Department of Banking and Finance

FILED
01 MAY 29 PM 1:59
TALLAHASSEE, FLORIDA

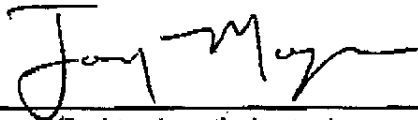
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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. PROFESSIONAL MORTGAGE BANKERS 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.)
2. NEW YORK
(State or country under the law of which it is incorporated)
3. 11-299-0329
(FEI number, if applicable)
4. 11/28/89
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. UPON FILING OF THIS APPLICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 400 POST AVENUE, WESTBURY, NY 11590
(Principal office address)
400 POST AVENUE, WESTBURY, NY 11590
(Current mailing address)
8. MORTGAGE BANKER
(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: BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
Office Address: 4435 OLD WINTER GARDEN ROAD
ORLANDO, Florida 32811
(City) (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.



(Registered agent's signature)

JOSE M. JOSE, ASST. SECY.

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.

BLUMBERGEXCELSIOR

62 W HITE ST

NY NY 10013

800-221-2972 X 575

H010000669175

01 MAY 29 PM 1:59

FILED

TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: SEE ATTACHED RIDER

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHED RIDER

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. AS PRESIDENT
(Signature of Chairman, Vice Chairman, or any officer listed in number 13 of this application)13. NORMAN J. WELLEN PRESIDENT

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

BLUMB CORP SVCS

Fax:2124311441

May 29 2001 11:43 P.06

Attachment to Question ~~18~~ 12
Professional Mortgage Bankers Corp.

<u>Name</u>	<u>Title</u>	
Norman I. Wellen	President/Vice President Director	400 POST AVE., WESTBURY, NY 11590
Janice K. Wellen	Secretary	"
Donna M. Figlia	Treasurer	"

FILED
01 MAY 29 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14010000669175

H 010000669175

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

I hereby certify, that the Certificate of Incorporation of PROFESSIONAL MORTGAGE BANKERS CORP. was filed on 11/28/1989, 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. I further certify the following:

A Biennial Statement was filed 03/30/1993.

A Biennial Statement was filed 11/18/1993.

A Biennial Statement was filed 11/03/1997.

A Biennial Statement was filed 12/02/1999.

I further certify, that no other documents have been filed by such Corporation.



Witness my hand and the official seal
of the Department of State at the City
of Albany, this 15th day of May
two thousand and one.

Special Deputy Secretary of State

FILED
01 MAY 29 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H 010000669175