

FLORIDA COMPLIANCE SPECIALISTS, INC.

D. TAYLOR, PRESIDENT

1331 East Lafayette Street, Suite F  
Tallahassee, Florida 32301  
Voice: (850) 942-5464 Fax: (850) 942-5111

FO1000004734

Office On  
FILED  
SEP - 6 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Regional Mortgage Programs  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 9/7

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certificate of State

FILED  
SEP - 6 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
RECEIVED  
SEP - 6 PM 2:30  
DK

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-09/06/01-01097-003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

001A00050367

Examiner's Initials

# 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. REGIONAL MORTGAGE PROGRAMS, Inc

(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. Rhode Island

(State or country under the law of which it is incorporated)

3. 05-0454518

(FEI number, if applicable)

4. July 11, 1990

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(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. 310 Atwood Avenue, Cranston, RI 02906

(Principal office address)

SAME

(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 or Mail Drop Box **NOT** acceptable)

Name: Florida Compliance Specialists, Inc.

Office Address: 2331 Hanson Place

Tallahassee, Florida 32301

(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)

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: Joseph L. Kilduff  
Address: 39 Wollaston Street  
Crarston, RI 02910

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

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

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

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

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

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

## B. OFFICERS

President: Joseph L. Kilduff  
Address: 39 Wollaston Street  
Crarston, RI 02910

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

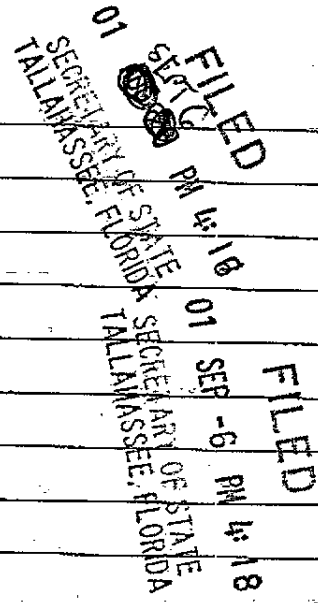
Treasurer: \_\_\_\_\_

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. Joseph L. Kilduff  
(Typed or printed name and capacity of person signing application)





STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State

01 SEP 6 PM 4:18  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Office of the Secretary of the State of Rhode Island and Providence Plantations, **HEREBY CERTIFIES**, that

**REGIONAL MORTGAGE PROGRAMS, INC.**

a Rhode Island corporation, filed original articles of incorporation in this office on the eleventh day of July A.D., 1990; and

*IT IS FURTHER CERTIFIED* that said corporation is now of record and in good standing in this office.

01 SEP -6 PM 4:18  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SIGNED AND SEALED this thirtieth day  
of August A.D., 2001.

*Edward S. Inman, III*

Secretary of State

BY *Debra Antanelli*

