F01000006365

TRANSMITTAL LETTER

TRAUSINI TAL LETTER
TO: Registration Section Division of Corporations
SUBJECT: Stakewide Financial Incorporated
(Name of corporation - must include suffix)
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: 8000459303811/26/0101048008
Kere Viamontes wol-27019
(Name of Person)
Statewide Firencial, Incommented
(Firm/Company)
13815 Fairway Slorid Drive, Sick 1331
(Address)
Orlando Flacido = 37037
(City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
(Name of Person) at (407, 852-6005 (Area Code & Daytime Telephone Number)
(Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE OF THE CONTROL OF THE
\$70.00 Filing Fee \$\Bigcup \$\\$78.75 Filing Fee & Certificate of Status \$\Bigcup \$\\$78.75 Filing Fee & Certificate of Status \$\Bigcup \$\\$78.75 Filing Fee & Certificate of Status & Certificate of Status & \Bigcup \$\Bigcup



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 28, 2001

RENE VIAMONTES 13815 FAIRWAY ISLAND DRIVE, STE 1331 ORLANDO, FL 32837

SUBJECT: STATEWIDE FINANCIAL INC

Ref. Number: W01000027019

We have received your document for STATEWIDE FINANCIAL INC and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Michael Mays Document Specialist

Letter Number: 201A00062995

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Rene Vianortes, do hereby certify (Name)
that this Resolution of the Board of Directors of Statewide Financial, Inc.
(Corporate Name)
Language of the State of tensillouria
a corporation duly organized and existing under the laws of the State of Pensylvania, 2001.
106611
Be it resolved, that
organized and existing in the State of <u>Pennsylvania</u> , hereby adopts the name of Statewide Financial Lending Services, Inc. for use in Horida.
Stotewide Financial Landing
Dated: 12-11-01
Signature of either Chairman, Vice Chairman or any officer
Rere Vianontes Type or print name

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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ÁPPLICATION 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. <u>Statewide Financial Incorporated</u>
(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. <u>Pennsylvania</u> 3.
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Moverbee 10, 1999 5. Persetual (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (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. 4704 N. 5th Street, Philadelphia, PA 19120 (Principal office address)
(Principal office address)
13815 Fairway Island-Drive, Suite 1331, Orbardo, Fl. (Current mailing address)
(Current mailing address)
8. Mortgage Boker
(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: Rene Vianontes
Office Address: 13815 Fairway Istard Drive, Suite 1331
<u>Orlando</u> , Florida <u>3283</u> 7 (City) (Zip code)
(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.
THE A D
Keno //wante
(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: ___ Vice Chairman: Address: ___ Address: __ Address: B. OFFICERS Vice President: Address: ___ Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

OCTOBER 15, 2001

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

STATEWIDE FINANCIAL, INC.

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.



hereunto set my hand and caused on the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth