

TO: Registration Section Division of Corporations NationsFirst Financial Corporation (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: Rainier Cendana (Name of Person) NationsFirst Financial Corporation (Firm/Company) 100 Sycamore Street (Address) Glastonbury, CT 06033 (City/State and Zip code) For further information concerning this matter, please call: Rainier Cendana 860 ) 430-1032 at ( (Name of Person) (Area Code & Daytime Telephone Number) STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations 409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314 Enclosed is a check for the following amount: \$70.00 Filing Fee **3** \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

## 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. Nations                             | First Financial Corpora  | tion_   |                                |
|--|--|---|--------------------------------|
| (Name of corpo                         | oration; must include the word "INCORPOR   | LATED", "COMPANY", "CORPORAT                              | ION" or                        |
| words or abbre                         | viations of like import in language as will cl                                       | early indicate that it is a corporation ins               | tead of a                      |
| natural person                         | or partnership if not so contained in the nam  | e at present.)  | - ,                            |
| - Dal                                  | _  |   |                                |
| 2. Delawar                             |  | _3. <u>_06-1530061</u>                                    | <u> </u>                       |
| (State or countr                       | y under the law of which it is incorporated)   | (FEI number, if ap  | olicable)                      |
| 4 August                               | 16, 2000   | 5. perpetual  |                                |
| (Date of incorporation)                |  | (Duration: Year corp. will cease to exist or "perpetual") |                                |
| (24                                    | io of modification,  | (Daradon, Teat Corp. will bease                           | o exist of perpetual)          |
| 6. Septemb                             | <u>er 17, 2001 (business p</u>   | reviously licensed as                                     | Indiana company                |
| (Date first trans                      | acted business in Florida. If corporation has  | not transacted business in Florida, inse                  | rt "upon qualification.")      |
|  | (SEE SECTIONS 607.1  | .501, 607.1502 and 817.155, F.S.)                         |                                |
| 7 100 C                                | amona Observation G1 11  | 1   | , <u>-</u>                     |
| 7. 100 Syc                             | amore Street Glast (Principal office   | onbury, CT 06033  |                                |
|  | · -  | address)  |                                |
| 100 Syc                                | amore Street Glast   | onbury, CT 06033  | =                              |
|  | (Current mailing   | address)  |                                |
|  |  |   |                                |
| 0 0-                                   | 7  |   |                                |
| 8. <u>Corresp</u>                      | ondent mortgage lending  |   |                                |
| (Fin poses                             | (s) of corporation authorized in home state o  | or country to be carried out in state of FI               | orida)                         |
| 9. Name and sti                        | reet address of Florida registered age   | Rt. (P.O. Box or Mail Drop Box No                         | T accentable)                  |
|  | or i fortun togotter ou uge.   | it. (1.0. Box of Mail Drop Box 111                        | acceptable)                    |
| Name:                                  | Ramon S. Cendana   |   |                                |
|  |  |   | . <b>.</b>                     |
| Office Address:                        | 833 Mercado Avenue   | · <del>···</del> -  |                                |
|  | <b>^</b>   |   |                                |
|  | Orlando  | , Florida 32807 (Zip code)                                | <u>. –</u>                     |
| •                                      | (City)   | (Zip code)  |                                |
|  | _  |   |                                |
|  | agent's acceptance:  |   |                                |
| Having been nai                        | ned as registered agent and to accept so   | ervice of process for the above state                     | ed corporation at the place    |
| aesignatea in tni<br>Gustleoù zouee te | s application, I hereby accept the appoint   | intment as registered agent and ag                        | ree to act in this capacity. I |
| furiner ugree to i                     | comply with the provisions of all statute<br>familiar with and accept the obligation | es relative to the proper and compl                       | ete performance of my          |
| energy with I Will                     | jamaan wan ana uccept the ootigation   | is oj my position as registerea agen                      | 77.                            |
|  |  |   |                                |
|  |  |   |                                |

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: Rainier Cendana Address: 100 Sycamore Street Glastonbury, CT 06033 Vice Chairman: Address: Director: Scott T. Starr Address: 100 Sycamore Street Glastonbury, CT 06033 Director: \_ Address: B. OFFICERS President: Rainier Cendana Address: 100 Sycamore Street, Glastonbury, CT 06033 Vice President: Scott T. Starr Address: 100 Sycamore Street Glastonbury, CT 06033 Secretary: Janice Cendana 100 Sycamore Street, Glastonbury, CT 06033 Janice Cendana Treasurer: 100 Sycamore Street, Glastonbury, CT 06033 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)

14. Rainier Cendana, President Janice Cendana, Secretary Scott T. Starr, VP (Typed or printed name and capacity of person signing application)

## Delaware PAGE 1

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATIONSFIRST FINANCIAL 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-EIGHTH DAY OF DECEMBER, A.D. 2001.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1531255

--- DATE: 12-28-01

3277325 8300

010638237.....