

FLORIDA COMPLIANCE SPECIALISTS, INC.



2331 Hanson Place  
Tallahassee, Florida 32301  
Voice: (850) 942-5464 Fax: (850) 942-5111  
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**F02000001838**

Office Use Only

FILED  
APR 12 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. Hanson Mortgage Corp.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

RECEIVED  
APR 12 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- ☒ Walk in      ☒ Pick up time 4/15      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☒ Certificate of Status

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

**BK**

900005258989--3  
-04/15/02--01002--002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials	
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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. HANSON Mortgage 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. VERMONT 3. 03-0365668  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4/28/2000 5. 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. 76 Pearl St Ste 9 Essex Jct VT 05452  
(Principal office address)  
76 Pearl Street, Ste. 9 Essex Jct., VT 05452  
(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 Hansen 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.

[Signature]  
(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: \_\_\_\_\_

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

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

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

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

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

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

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

B. OFFICERS

President: ROBERT E HANSON

Address: 90 PACKARD RD

Jericho VT. 05465

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

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

Secretary: Rochelle A HANSON

Address: 90 PACKARD RD Jericho VT. 05465

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

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

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

13. Robert E. Hanson

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

14. PRESIDENT

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

02 APR 12 PM 9:07  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF VERMONT  
OFFICE OF SECRETARY OF STATE

*Certificate of Good Standing*

*I, Deborah L. Markowitz, Secretary of State of the State of Vermont, do hereby certify that according to the records of this office*

**HANSON MORTGAGE CORP.**

*a corporation formed under the laws of the State of Vermont*

*was filed for record in this office on April 28, 2000.*

*I further certify that the corporation has perpetual duration, that its most recent annual report is on file, and that articles of dissolution have not been filed.*

*January 28, 2002*

*Given under my hand and the seal  
of the State of Vermont, at  
Montpelier, the State Capital*



Deborah L. Markowitz  
Secretary of State

