

F0300000 1124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

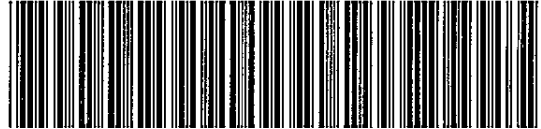
Certified Copies _____ Certificates of Status _____

789 676 671

Special Instructions to Filing Officer:

Office Use Only

1003-6217



800012691508

03/04/03--01027--022 **6577.50

03/04/03--01027--021 **87.50

03/06/03--01057--006 **322.50

RECEIVED
03 MAR -4 PM 11:56
STATE
OFFICE
TALLAHASSEE, FLORIDA
FILED
03 MAR -4 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Tom Larson

Requestor's Name

1705 Chestnut Hill

Address

Tallahassee 0608-6111

City/State/Zip

Phone #

Office Use Only

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

1. Harborside Financial Network, Inc.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up *time*

☒ Certified Copy *need 2 certified copies back*

☐ 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 Inc.
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
03 MAR -4 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 4, 2003

TOM LARSON
1705 CHESTNUT HILL
TALLAHASSEE, FL

SUBJECT: HARBORSIDE FINANCIAL NETWORK, INC
Ref. Number: W03000006217

*Marsha -
The additional
money is attached.
Please file- date
3-04-03.
Thank you
Jerr*

We have received your document for HARBORSIDE FINANCIAL NETWORK, INC and your check(s) totaling \$6665.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$322.50.

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.

Marsha Thomas
Document Specialist

Letter Number: 903A00000680

03 MAR 4 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

03 MAR -6 AM 11:49
RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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. HARBORSIDE FINANCIAL NETWORK, 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. CALIFORNIA 3. 33-0442970
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. NOVEMBER 6, 1990 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 1997
(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. 334 VIA VERA CRUZ SUITE 254 SAN MARCOS CA 92069
(Principal office address)
" " " " "
(Current mailing address)
8. MORTGAGE BANKING
(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: NRAI Services, Inc.
Office Address: 526 E. Park Avenue
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.

NRAI Services, Inc.

By: 

(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.

FILED
03 MAR -4 PM 2:22
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

A. DIRECTORS

Chairman: FRAN ANDERSON

Address: 334 VIA VERA CRUZ SUITE 254
SAN MARCOS CA 92069

Vice Chairman: MICHAEL W. FERGUSON

Address: 334 VIA VERA CRUZ SUITE 254
SAN MARCOS CA 92069

Director: ALAN ANDERSON

Address: 334 VIA VERA CRUZ SUITE 254
SAN MARCOS CA 92069

Director: _____

Address: _____

B. OFFICERS

President: FRAN ANDERSON

Address: SAME AS ABOVE

Vice President: MICHAEL W. FERGUSON

Address: SAME AS ABOVE

Secretary: ALAN ANDERSON

Address: SAME AS ABOVE

Treasurer: _____

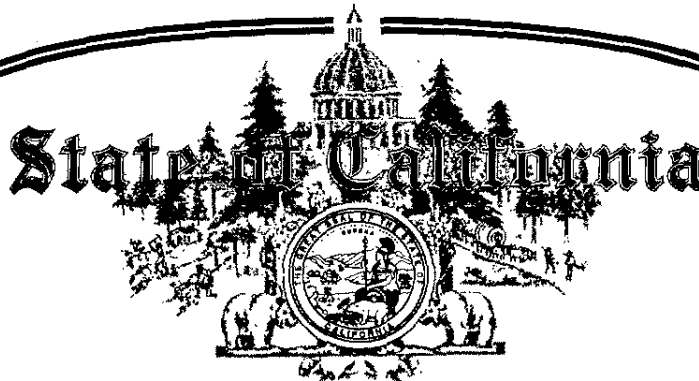
Address: _____

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

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

14. ALAN ANDERSON / CORPORATE SECRETARY
(Typed or printed name and capacity of person signing application)

FILED
03 MAR - 4 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**SECRETARY OF STATE
CERTIFICATE OF STATUS
DOMESTIC CORPORATION**

I, KEVIN SHELLEY, Secretary of State of the State of California, hereby certify:

That on the **6TH** day of **NOVEMBER**, 1990, **HARBORSIDE FINANCIAL NETWORK, INC.** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal
of the State of California this day
of **February 25, 2003.**



Kevin Shelley
KEVIN SHELLEY
Secretary of State