

F030000001369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

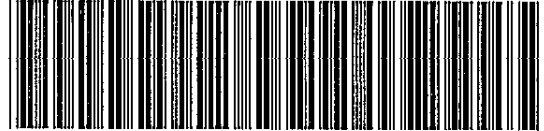
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DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032  
REFERENCE : 972928 4814512  
AUTHORIZATION : *Patricia Pizante*  
COST LIMIT : \$ 70.00

ORDER DATE : March 18, 2003

ORDER TIME : 10:05 AM

ORDER NO. : 972928-005

CUSTOMER NO: 4814512

CUSTOMER: Ms. Kimberly A. McCreedy  
Weiner Brodsky Sidman & Kider  
5th Floor  
1300 19th Street  
Washington, DC 20036-1609

FOREIGN FILINGS

NAME: OLD MERCHANTS MORTGAGE, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 1149

EXAMINER: \_\_\_\_\_

**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. Old Merchants Mortgage, 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. New York 3. 04-3653655  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/24/02 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. 45 North Station Plaza #402, Great Neck, NY 11021  
(Principal office address)

45 North Station Plaza #402, Great Neck, NY 11021  
(Current mailing address)

Mortgage Lending Activities

8. \_\_\_\_\_  
(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: Corporation Service Company

Office Address: 1201 Hays Street

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.*

Corporation Service Company

(Registered agent's signature)

Lynette Coleman  
as its agent

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: Scott J. Cooper

Address: 45 N. Station Plaza #402

Great Neck, NY 11201

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

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

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

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

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

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

**B. OFFICERS**

President: Scott J. Cooper

Address: 45 N. Station Plaza #402

Great Neck, NY 11021

Vice President: Yerk-Ling Luk

Address: 45 N. Station Plaza #402

Great Neck, NY 11021

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. Scott J. Cooper - President/Director

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

**State of New York } ss:  
Department of State**

I hereby certify, that the Certificate of Incorporation of OLD MERCHANTS MORTGAGE, INC. was filed on 04/24/2002, under the name of ODYSSEY GROUP HOLDINGS, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

A Certificate of Amendment ODYSSEY GROUP HOLDINGS, INC., changing its name to OLD MERCHANTS MORTGAGE, INC., was filed 10/23/2002.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 18th day of March  
two thousand and three.*

A handwritten signature in black ink, appearing to read "R. A. DeS."

*Secretary of State*