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(Requestor's N	ame)				
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PICK-UP WA	IT MAIL				
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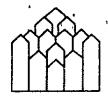
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AHASSEE, FLORIDA

W03-18595 J. BRYAN JUN 30201

J. BRYAN (II) 2 8 2003



Cliffco Mortgage Bankers

Monday, June 23, 2003

State of Florida Registration Section Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

To Whom It May Concern:

Enclosed please find the documents needed to register in the State of Florida as a foreign corporation. Included is a check in the amount of \$70.00, along with the completed application, as well as a Certificate of Good Standing from the State of New York.

If you have any questions regarding this application, please do not hesitate to contact me directly at (516) 408-7300, extension 128.

Thank you in advance for your promptness in processing this request.

Regards,

Jennifer Shapiro

TRANSMITTAL LETTER

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	TRANSMIT	TAL LETTER	THE DESCRIPTION OF STATION
ΓO: Registration Sect Division of Corp			TO THE PARTY OF TH
SUBJECT: CLIFFO	CO, INC		1027.53
	(Name of corpora	ation - must include suffix)	OP S
Dear Sir or Madam:			
	', and check are submitted	for Authorization to Transact It to register the above reference	
Please return all correspo	ndence concerning this ma	tter to the following:	
JENNIFER SHAPI	RO		
	(Name	of Person)	<u> </u>
CLIFFCO, INC.			
	(Firm/	Company)	
1048 OLD COUNT	RY ROAD		, manager . store
	•	ddress)	
WESTBURY, NY 1	1590		
	(City/Sta	te and Zip code)	
For further information c	oncerning this matter, pleas	se call:	
JENNIFER SHAPIR	RO at (510	6 ₎ 408-7300 EXT 128	
(Name of Person	n) (Are	ea Code & Daytime Telephone	Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	-
Enclosed is a check for th	ne following amount:		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	3 \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 10, 2003

JENNIFER SHAPIRO CLIFFCO, INC. 1048 OLD COUNTRY ROAD WESTBURY, NY 11590

SUBJECT: CLIFFCO, INC. Ref. Number: W03000018595

We have received your document for CLIFFCO, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the terms BANK, BANKER, BANKING, TRUST COMPANY, BANCSHARES, SAVINGS & LOAN ASSOCIATION, SAVINGS BANK, or CREDIT UNION or words of similar import, must be obtained from the Office of Financial Institutions, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Name Approval Request" form to be filled out and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Institutions, resubmit the document and approval letter to the Division of Corporations for filing.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 303A00040862

Joey Bryan Document Specialist AND MELLE DESCRIPTIONS STATES



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 30, 2003

JENNIFER SHAPIRO CLIFFCO, INC. 1048 OLD COUNTRY ROAD WESTBURY, NY 11590

SUBJECT: CLIFFCO, INC. Ref. Number: W03000018595

May Land Sky Honors

We have received your document for CLIFFCO, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

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

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Division of Corporations - P.O. BOX 6327 -Tellahassee Florida 32314

Letter Number: 203A00039309



DEPARTMENT OF FINANCIAL SERVICES

July 16, 2003

Mand Mand Str. R. Confingers

Ms. Jennifer Shapiro 1048 Old Country Road Westbury, New York 11590

Dear Ms. Shapiro:

Re: Cliffco Mortgage Bankers, Inc.

Thank you for your recent letter/fax requesting approval for use of the above-referenced name.

It is the opinion of this office that the above-referenced corporate name is definitive enough to differentiate the business being conducted from that of a commercial bank or trust company.

The office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state.

Sincerely,

Linda B. Charity Deputy Director

LBC:ker

cc: Karon Beyer, Chief, Bureau of Commercial Recordings Division of Corporations, Secretary of State's Office

William T. Sims, Bureau of Finance Regulation

RESOLUTION OF BOARD OF DIRECTORS

. (Please print or type)

I, the undersigned Christopher Clifford, do hereby certify
(Name)
that this Resolution of the Board of Directors of
Cliffico, Inc.
(Corporate Name)
a corporation duly organized and existing under the laws of the State of New York
was duly adopted on September; 1989.
Be it resolved, that CIFECO, Inc.
(Corporate Name)
organized and existing in the State of New York., hereby adopts the name
Cliffico Mortgage Bankers, Inc. for use in Florida.
Dated: 7/8/03
Dated: 110 105
Signature of other Chairman, Nick Chairman or any officer
Signature of Gither Chamman, white Chamman of any officer
Linstopher Clifford Type or print name
1 ype or print hame

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

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.		INCORPORATED		- da					
1. CLIFFCO, INCORPORATED (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 (State or country under the law of which it is incorporated) 3. TIN - 112975713 (FEI number, if applicable) 4. SEPTEMBER, 1989 5. PERPETUAL									
2.	NEW YOR	K	3.	TIN - 112975713	Ry O				
	(State or country	under the law of which it is incorporated)	_	(FEI number, if applicable)	ં છે.				
4.	SEPTEM	MBER, 1989	5.	PERPETUAL	1/201				
	(Dat	e of incorporation)	-	(Duration: Year corp. will cease to exist or "perpetual")	25 m				
6.	Lloon	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.	1048 OLE	COUNTRY ROAD, WESTBUR	ΥN	Y 11590					
		(Principal office	addr	ess)	•				
	1048 OLI	O COUNTRY ROAD, WESTBUR	ΥN	Y 11590	·				
	(Current mailing address)								
8 MORTGAGE BANKING									
	(Purpose(s) of corporation authorized in home state of	or cou	untry 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:	MONA CAFARO		<u>. </u>	-				
o	ffice Address:	5938 CRYSTAL SHORES DR.	#40	3	*.				
		BOYNTON BEACH	\ 77	, Florida					
		(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								

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.

(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: N/A Address: _ Vice Chairman: Address: __ Director: Address: _ Director: Address: _ **B. OFFICERS** President: __CHRISTOPHER CLIFFORD Address: __1048 OLD COUNTRY ROAD, WESTBURY NY 11590 Vice President: MARY PERRUCCI Address: __1048 OLD COUNTRY ROAD, WESTBURY NY 11590 Secretary: _ 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) CHRISTOPHER CLIFFORD, PRESIDENT

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

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of CLIFFCO, INC. was filed on 07/20/1989, 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.

Witness my hand and the official seal of the Department of State at the City of Albany, this 13th day of June two thousand and three.

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