

F046000000269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

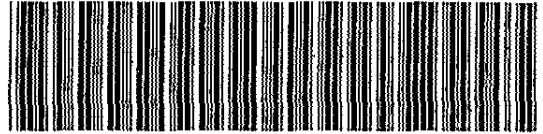
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF REVENUE

F04-269  
AK



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

January 8, 2004

LISA SHANNON  
2014 INDUSTRIAL DRIVE  
ANNAPOLIS, MD 21401

SUBJECT: 1ST FINANCIAL, INC.  
Ref. Number: W04000000970

We have received your document for 1ST FINANCIAL, 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 registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 504A00001333

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***1<sup>ST</sup> FINANCIAL, INC.***  
***2014 INDUSTRIAL DRIVE - ANNAPOLIS, MD 21401***  
***410-841-5330- PHONE 410-571-8566 - FAX***  
***1-888-587-0653 - TOLL FREE***

**January 13, 2004**

**Florida Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399  
Letter Number: 504A00001333**

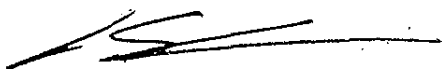
**Enclosed are the noted documents needed for Mortgage Lender approval for the State of Florida:**

- **Signed Foreign Corporation for Authorization form**
- **Original Certificate of Good Standings**

**Please contact me if anything else is needed.**

**Thank you.**

**Yours truly,**



**Lisa S. Shannon  
Vice-President**

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DIVISION OF CORPORATIONS  
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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1<sup>st</sup> Financial, Inc.  
(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:

Lisa S. Shannon  
(Name of Person)  
1<sup>st</sup> Financial, Inc.  
(Firm/Company)  
2014 Industrial Drive  
(Address)  
Annapolis, MD 21401  
(City/State and Zip code)

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DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Lisa S. Shannon at ( 410 ) 841-5320 x 103  
(Name of Person) (Area 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 the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, 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. <sup>1st</sup> First Financial, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Maryland 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/24/02 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. 2014 Industrial Dr. Annapolis MD 21401  
(Principal office address)

SAME  
(Current mailing address)

8. LENDER  
(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

Vivian Stuckel

(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:

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**A. DIRECTORS**

Chairman: See attached officers/directors rider

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

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

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

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

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

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

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

**B. OFFICERS**

President: See attached officers/directors rider

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

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

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

Secretary: \_\_\_\_\_

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

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

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

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

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. \_\_\_\_\_

Lisa S. Shannon Vice-President  
(Typed or printed name and capacity of person signing application)

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| FLORIDA STATE LICENSING |                                   |                                                 |                                              |               |      |
|-------------------------|-----------------------------------|-------------------------------------------------|----------------------------------------------|---------------|------|
| NAME                    | TITLE                             | RESIDENCE ADDRESS                               | BUSINESS ADDRESS                             | DATE OF BIRTH | SS # |
| AN RUBERG               | PRESIDENT, SECRETARY<br>TREASURER | 1218 MANSION WOODS DRIVE<br>ANNAPOLIS, MD 21401 | 2014 INDUSTRIAL DRIVE<br>ANNAPOLIS, MD 21401 |               | 100% |
| THOMAS ELDER            | VICE PRESIDENT                    | 2508 SMOKETREE LANE<br>CROFTON, MD 21114        | SAME                                         |               | 0    |
| S. SHANNON              | VICE PRESIDENT                    | 10201 CHAUTAUQUA AVE<br>LANHAM, MD 20706        | SAME                                         |               | 0    |

**STATE OF MARYLAND**  
**Department of Assessments and Taxation**

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT 1ST FINANCIAL, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS DECEMBER 31, 2003.

*Paul B. Anderson*

Paul B. Anderson  
Charter Division

