

F04000001688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

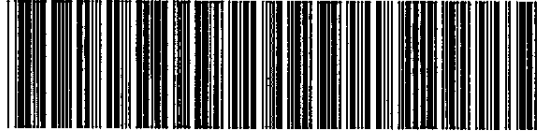
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600030832886

03/29/04 -01021 -004 **70.00

FILED
04 MAR 29 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 MAR 29 AM 11:17
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CT CORPORATION

March 29, 2004

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

FILED
04 MAR 29 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6056399 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Homegate Settlement Services, Inc. (NY)
Qualification
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at
(850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley_Mitchell@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED FOR
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

FILED
04 MAR 29 PM 2:42
TALLAHASSEE
STATE OF FLORIDA

1. Homegate Settlement Services, 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. New York

(State or country under the law of which it is incorporated)

3. Applied For

(FEI number, if applicable)

4. August 20, 2003

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. As soon as certified

(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. 538 Broadhollow Rd. Melville, NY 11747

(Principal office address)

Same as above

(Current mailing address)

8. Realestate appraisal, flood certification

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System

By: Stephen Adamo

STEPHEN ADAMO
ASSISTANT SECRETARY

(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: Sole Director. Michael Strauss
Address: 538 Broadhollow Road. Melville, NY 11747

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Lance Thoet

Address: 538 Broadhollow Rd. Melville, NY 11747

Vice President: Michael Strauss

Address: 538 Broadhollow Rd. Melville, NY 11747

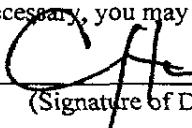
Secretary: Alan Horn

Address: 538 Broadhollow Rd. Melville, NY 11747

Treasurer: Craig Pino

Address: 538 Broadhollow Rd. Melville, NY 11747

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. Alan Horn Executive Vice President & Secretary
(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 HOMEGATE SETTLEMENT SERVICES, INC. was filed on 08/20/2003, 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 10th day of March
two thousand and four.*

A handwritten signature in black ink, appearing to read "K. A. D.", is written over a horizontal line.

Secretary of State