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FD4-2884
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WELLS FUNDING GROUP, 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:

KONSTANTINE KEFALAS
(Name of Person)
WELLS FUNDING GROUP, INC.
(Firm/Company)
7 LINDSAY STREET
(Address)
PLAINVIEW, NY 11803
(City/State and Zip code)

For further information concerning this matter, please call:

KONSTANTINE KEFALAS at (516) 620-4216
(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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SEP 11 1991 09:12:51

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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. WELLS FUNDING GROUP, 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) N/A
2. NEW YORK 3. 86-1071638
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6/20/03 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. 7 LINDSAY STREET, PLAINVIEW, NY 11803
(Principal office address)
- 7 LINDSAY STREET, PLAINVIEW, NY 11803
(Current mailing address)
8. MORTGAGE BROKER
(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: CORP Direct Agents, Inc.
Office Address: 103 N. Meridian St
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.

Ed Cary

Ed Cary (Registered agent's signature), Asst. Sec.

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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DEPT. OF STATE
TALLAHASSEE, FLORIDA
JUN 19 PM 12:53

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A. DIRECTORS

Chairman: KONSTANTINE KEPALAS

Address: 7 LINDSAY STREET
PLAINVIEW, NY 11803

Vice Chairman: N/A

Address: _____

Director: N/A

Address: _____

Director: N/A

Address: _____

B. OFFICERS

President: KONSTANTINE KEPALAS

Address: 7 LINDSAY STREET
PLAINVIEW, NY 11803

Vice President: N/A

Address: _____

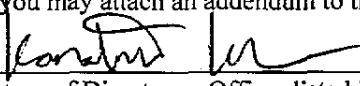
Secretary: N/A

Address: _____

Treasurer: N/A

Address: _____

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. KONSTANTINE KEPALAS / PRESIDENT
(Typed or printed name and capacity of person signing application)

FILED
MAY 9 PM 12:56
CLERK OF DISTRICT COURT
ALBANY, NEW YORK

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

I hereby certify, that the Certificate of Incorporation of WELLS FUNDING GROUP, INC. was filed on 06/20/2003, 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 May
two thousand and four.*



Secretary of State

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