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(Requestor's Name)

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(City/State/Zip/Phone #)

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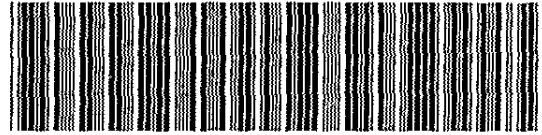
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
04 MAY 24 AM 10:48

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MCS Mortgage Bankers, 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:

Vincent J. Reade  
(Name of Person)

MCS Mortgage Bankers, Inc.  
(Firm/Company)

646 Route 112  
(Address)

Patchogue, NY 11772  
(City/State and Zip code)

For further information concerning this matter, please call:

Vincent J. Reade at (631) 390-0200  
(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

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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. MCS Mortgage Bankers, Inc.**

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

**Wholesale Direct**

(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. 11-3920207**

(FEI number, if applicable)

**4. September 11, 1995**

(Date of incorporation)

**5. Perpetual**

(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. 646 Route 112, Patchogue, NY 11772**

(Principal office address)

**646 Route 112, Patchogue, NY 11772**

(Current mailing address)

**8. to conduct business as a correspondent mortgage banking firm**

(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: NRAI Services, Inc.

Office Address: 526 E. Park Avenue

Tallahassee,

(City)

, Florida 32301

(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, 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.*

NRAI Services, Inc.

Zuema M. Howard, Asst. Secy  
(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: \_\_\_\_\_

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

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

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

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

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

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

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

**B. OFFICERS**

President: Marc Stone

Address: 646 Route 112

Patchogue, NY 11772

Vice President: Vincent J. Reade (VP & Chief Credit Officer)

Address: 646 Route 112

Patchogue, NY 11772

Secretary: Barbara Cohen

Address: 646 Route 112, Patchogue, NY 11772

Treasurer: Jean Sullivan

Address: 646 Route 112, Patchogue, NY 11772

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. Vincent J. Reade, Vice President and Chief Credit Officer

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

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

I hereby certify, that the Certificate of Incorporation of MCS MORTGAGE BANKERS, INC. was filed on 09/11/1995, 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 May  
two thousand and four.*



*Secretary of State*

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OFFICE OF FINANCIAL REGULATION

DON B. SAXON  
DIRECTOR

FINANCIAL SERVICES  
COMMISSION

JEB BUSH  
GOVERNOR

TOM GALLAGHER  
CHIEF FINANCIAL OFFICER

CHARLIE CRIST  
ATTORNEY GENERAL

CHARLES BRONSON  
COMMISSIONER OF  
AGRICULTURE

April 8, 2004

Mr. Vincent Reade  
646 Route 112  
Patchogue, New York 11771

Dear Mr. Reade:

Re: MCS Mortgage Bankers, Inc.

Thank you for your recent letter/fax requesting approval for use of the above-referenced corporate name. It is the opinion of this Office that your 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 corporate name being registered as a foreign corporation 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,

A handwritten signature in cursive script, reading "Linda B. Charity".

Linda B. Charity  
Deputy Director  
Financial Institutions

LBC:ker

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

William T. Sims, Division of Finance Regulation

## OFFICE OF FINANCIAL REGULATION

### CORPORATE NAME APPROVAL REQUEST

Pursuant to Section 655.922, Florida Statutes, no person other than a financial institution shall in this state transact business under any name or title that contains the words "bank," "banker," "banking," "trust company," "savings and loan association," "savings bank," or "credit union," or words of similar import, in any context or in any manner.

A proposed corporate name should be definitive enough to differentiate the business to be conducted from that of a commercial bank, trust company, savings and loan association, savings bank, or credit union. For example, a mortgage-related business should use the word "mortgage" in its corporate name.

In order for OFR to consider your request for approval to use "bank," "banker," "banking," "trust company," "savings and loan association," "savings bank," or "credit union," or words of similar import, in any context or in any manner in your corporate title, and issue a no objection letter, please provide the following information:

- The corporate name proposed is:

MCS Mortgage Bankers, Inc.

- The nature of the business to be transacted:

Mortgage banking

- The proposed business will be located at: Out of State

646 Route 112 Patchogue NY 11772 (631) 390-0200

Street Address

City

State

Zip Code

Telephone

- List the principals involved in the proposed company:

Marc Stone - President

Barbara Cohen Vice President

Contact Person:	Name	Address	Telephone
	Vincent Reade	646 Route 112 Patchogue, NY 11772	(631) 390-0200

Return to:

Deputy Director  
Office of Financial Regulation  
200 East Gaines Street  
Tallahassee, Florida 32399-0371  
(904) 410-0111 (904) 410-0549 (fax)