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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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CORP DIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

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ACCT. #FCA-14

CONTACT: ED

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CORP. NAME: ISLAND EQUITY MORTGAGE INC.

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- | | | |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input checked="" type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

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TALLAHASSEE, FLORIDA

STATE FEES PREPAID WITH CHECK# 52729 FOR \$ 78.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

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| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**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. **ISLAND EQUITY MORTGAGE 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. **743031259**

(FEI number, if applicable)

4. **November 16, 2001**

(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. **555 Broad Hollow Road, Suite 203, Melville, NY 11747**

(Principal office address)

same as above

(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: **Corporate Service Bureau Inc.**

Office Address: **103 North Meridian Street**

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. 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) **Scott J. Schuster, President**
of Corporate Service Bureau Inc.

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: Ernesto Puteri

Address: 555 Broad Hollow Road, Suite 203

Melville NY 11747

Vice Chairman: _____

Address: _____

Director: Ernesto Puteri

Address: 555 Broad Hollow Road, Suite 203

Melville, NY 11747

Director: _____

Address: _____

B. OFFICERS

President: Ernesto Puteri

Address: 555 Broad Hollow Road, Suite 203

Melville NY 11747

Vice President: _____


Address: _____

Secretary: Ernesto Puteri

Address: 555 Broad Hollow Road, Suite 203, Melville NY 11747

Treasurer: _____

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. Ernesto Puteri, President

(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 ISLAND EQUITY MORTGAGE INC. was filed on 10/26/2001, under the name of UNITED COAST FUNDING CORP., 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. I further certify the following:

A certificate changing name to UNITED HOME CONSULTANTS INC. was filed on 11/16/2001.

A certificate changing name to ISLAND EQUITY FUNDING INC. was filed on 02/04/2002.

A certificate changing name to ISLAND EQUITY MORTGAGE INC. was filed on 02/27/2003.

A Biennial Statement was filed 09/30/2003.

I further certify, that no other documents have been filed by such Corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 02nd day of June
two thousand and four.*

Secretary of State