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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	·	of Status
Special Instructions to	Filing Officer:	
(NS_	
	Office Use Onl	v



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Regulatory Counsel Group, Inc.

Mortgage Licensing & Compliance Advisors

www.regulatorycounsel.com

May 27, 2004

Registration Section Division of Corporations 409 East Gaines Street Tallahassee, FL 32399 (850)245-6051

RE: Home Financials Services, Inc.

To Whom It May Concern:

This provides you with the information of behalf of <u>Home Financial Services</u>, <u>Inc.</u> to establish them as a foreign corporation to transact business in your State. As their Agent, Regulatory Counsel Group, Inc. has enclosed the following:

- 1. A check for \$78.75 (Filing Fee)
- 2. Three (3) original qualification documents
- 3. Certificate of Good Standing
- A self-addressed, stamped envelope to send one original back to RCG's attention

Please send all correspondence to:

Regulatory Counsel Group, Inc. 295 West Crossville Road Suite 530 Roswell, GA 30075

Thank you for your cooperation in this matter. If you have any questions, please call me directly at 770-992-7779.

Sincerely,

Kelli L. Borger

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Home Financial Services 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:
Kelli Borger
(Name of Person)
Regulatory Counsel Group, Inc.
(Firm/Company)
295 West Crossville Road, Suite 530
(Address)
Roswell, GA 30075
(City/State and Zip code)
For further information concerning this matter, please call: Regulatory Counsel Group, Inc. at (770) 992-7779 (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: \$\Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

725

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. Home Fina	ncial Services Inc.				
	f corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	D," "COMPA	NY," "CORPORATION,	35	.,
First Home	Network IAC.				-14
(If name unava	ullable in Florida, enter alternate corporate nan	ne adopted for	the purpose of transacting	business in Florida)	• -
2. New York	Acceptance of the second of th	3. 11-30604	142		
(State or countr	y under the law of which it is incorporated)				_
4 04/01/199)1 <u> </u>	5 perpetua	1		
··	ate of incorporation)		Year corp. will cease to	exist or "perpetual")	-
6. Upon qualif	fication	· · · · ·	The state of the s	45,83	- (=)
~ · <u> </u>	sacted business in Florida. If corporation has a			"unon qualification '	- n
·· <u>·</u>	Turnpike, Mineola, NY 11501 (Principal office as Turnpike, Mineola, NY 11501 (Current mailing a			<u> </u>	
8. Mortgage B	roker/Lender			The state of the s	. , ,
(Purpose	e(s) of corporation authorized in home state or	country to be	carried out in state of Flor	ida)	
9. Name and st	reet address of Florida registered agent	: (P.O. Box o	or Mail Drop Box <u>NOT</u>	acceptable)	
Name:	NRAI Services, Inc.				4
Office Address:	526 E. Park Avenue	<u></u>	100 mg	The state of the s	
	Tallahassee	. ≼ ప≣s Flori	ida 32301	~~	٠ 🏒
	(City)		(Zip code)	59	
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.

NRAI Services, Inc.

(Registered agent's signature)

Scott Scher, Assistant Secretary

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. DIRI	ECTORS						
Chairman	N/A			Patria .	<u>ur.</u>	., .	\$10 FC
Address:		<u> </u>	·		- s ²		• *· · · · ·
						**.	, W.Z
Vice Cha	irman: N/A		<u> </u>	· .	<u> </u>	, · · · · ·	
Address:		<u> </u>		<u> </u>	, te		
			<u> </u>	* : * :		÷	<u> </u>
Director:	Derrick Allen		1		<u> </u>		***
Address:	72 Jericho Turnpike	<u>}, #a , , , , , , , , , , , , , , , , </u>		ust ut	<u> </u>	1.5	=
	Mineola, NY 11501		<u>.</u>	<u> </u>	. =		
Director:	Michael A. Rich		<u>. 1 500</u>	<u> 27</u>	· <u>·</u>	٠٠ هيو۔	. <u>.</u>
Address:	72 Jericho Turnpike	<u> </u>	<u> </u>	14. NO. 4 . 18.	<u> </u>		<u> </u>
	Mineola, NY 11501	रम् १८ १ क्रास्ट्री स्टिप्ट		# <u>\$100000</u>	• .	<u> </u>	1:,
B. OFF	ICERS						
President	Derrick Allen			<u> </u>	- 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7		· %
Address:	72 Jericho Turnpike			<u> </u>	<u>. 48</u> <u></u>		
	Mineola, NY 11501	21				<u> </u>	
Vice Pres	sident: Michael A. Rich			. <u>.</u>	<u> </u>		· <u>·</u> -
Address:	72 Jericho Turnpike		_ · _ -i				<u> </u>
	Mineola, NY 11501					· .	<u> </u>
Secretary	Michael A. Rich	* , , , , , , , , ,		or de State of Control			
	72 Jericho Turnpike, Mineola, NY	11501		<u>, . 1957 1 </u>	<u>+</u>	<u> </u>	2.15
	r: N/A						
		-		₩·			
		_ T, _ T				_	
NOTE:	If necessary, you may attach an addendu	m to the application	listing add	itional officer	s and/or direc	tors.	
13.	(Signature of Director or Officer	11	. C 41 11			<u></u> -	
14. De	errick Allen, CEO/President	.,			`~* <u>~</u>		

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

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of HOME FINANCIAL SERVICES INC. was filed on 04/01/1991, under the name of DYNASTY 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.

A Certificate of Amendment DYNASTY FUNDING CORP., changing its name to DYNASTY FINANCIAL SERVICES, INC., was filed 05/21/1992.

A Certificate of Amendment DYNASTY FINANCIAL SERVICES, INC., changing its name to HOME FINANCIAL SERVICES INC., was filed 11/23/1993.

The Biennial Statement is past due.

Witness my hand and the official seal of the Department of State at the City of Albany, this 24th day of May two thousand and four.

Secretary of State

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