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SLURETARY OF STATE
SIVISION OF CORPERATION

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: QUIDANCE MORTGAGE (DROPATION) (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:
KiChARD HAZE
(Name of Person) (Name of Person) (Name of Person) (Name of Person)
28 Oxford Avenue
Melville, NY 11747
(City/State and Zip code)
For further information concerning this matter, please call:
Richard (AZE at (516) 220-5364 (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 & □ \$78.75 Filing Fee & Certificate of Status Certified Copy 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.

•	gage Corporation			
(Enter name of co	orporation; must include "INCORPORATEI orp," "Inc," "Co," or "Corp.")),"	"COMPANY," "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate corporate nam	e a	adopted for the purpose of transacting business in F	lorida)
New York	3	3 11-3639842		
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)	
February 26, 20	0025		Perpetual	
•	of incorporation)		(Duration: Year corp. will cease to exist or "perpe	04 NUG 25
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 28 Oxford Avenue Melville, NY 11747				
(Principal office address)				
264 Hillside Ave	enue Williston Park, NY 11596			ယ္
	(Current mailing ac	ldı	ress)	25 PH 3: 51
Mortgage Broke	erage Firm			
(Purpose(s	s) of corporation authorized in home state or	co	untry to be carried out in state of Florida)	
. Name and stree	et address of Florida registered agent: (P	.0	Box NOT acceptable)	
Name:	CorpDirect Agents, Inc		<u> </u>	
Office Address:	103 North Meridian St Lower Level			
	Tallahassee		, Florida <u>32301</u>	
	(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 Lary, (Registered agent's signature) Asst. Secretary

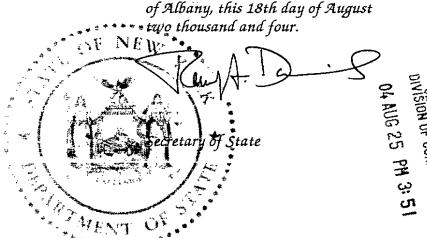
- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

A. DIRECTORS	ſ	•		• .
Chairman:	N/A			<u> </u>
Address:		*		<u>. </u>
				·
Vice Chairman:	N/A		<u> </u>	
Address:				
Director:	N/ A			- · · · · · · · · · · · · · · · · · · ·
Address:	1	<u></u>	· · · · · · · · · · · · · · · · · · ·	
	1 .	<u> </u>		
Director:	N/A		, <u>alementaria</u> 7°	
Address:				OK NUG
		<u> </u>	· ,	
B. OFFICERS	<u> </u>			5 PH
President:	SichARD	HAZEL		
Address:	-8, OX-1	ORD AU	<u> </u>	51 0118
	1ch villa	101	174 (
Vice President:	N/A			
Address:				
				<u> </u>
Secretary:	J/A			· · · · · · · · · · · · · · · · · · ·
Address:	_/			
Treasurer:	/A		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Address:		<u> </u>	<u></u>	
NOTE: If		1. 1. 2	Visting additional officers	and/on dinastons
	y, you may attach an addendu	in to he apprication	using additional officers	s and/or directors.
13	(Signature of Director or Ø	fficer listed in numb	er 12 of the application)	
14. <u>Ri</u>	Charo C. H.	AZE	President	GUIDANCE
	(Typed or printed name a	and capacity of perso	n signing application)	Mortgage

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of GUIDANCE MORTGAGE CORPORATION was filed on 02/26/2002, 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 18th day of August



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