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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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#### Regulatory Counsel Group, Inc.

Mortgage Licensing & Compliance Advisors

www.regulatorycounsel.com

2004 HOV -1 P 3: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 29, 2004

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

RE: Mainstream Funding Network, Inc.

To Whom It May Concern:

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

- 1. A check in the amount of \$78.75 (\$70.00 filing fee and \$8.75 for Certificate of Status)
- 2. Three (3) original qualification documents (signed)
- 3. Certificate of Good Standing
- 4. 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. If you have any questions, please contact me directly at (770) 992-7779, via email at <a href="mailto:lhaygood@rcgteam.com">lhaygood@rcgteam.com</a>, or via fax at (770) 992-0779.

Sincerely,

Lori Haygood
Account Executive

### FILED

#### TRANSMITTAL LETTER

TRANSMITTAL LETTER
TO: Registration Section  TRANSMITTAL LETTER  2004 HOV -1 P 3: 18
TO: Registration Section Division of Corporations  SUBJECT: Mainstream Funding Network, Inc.
STATE FLORIDA
(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:
Lori Haygood
(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:
Lori Haygood at (770 ) 992-7779
(Name of Person) (Area Code & Daytime Telephone Number)
CEREET ARRESCO.
STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section
Division of Corporations Division of Corporations
409 E. Gaines St. P.O. Box 6327
Tallahassee, FL 32399 Tallahassee, FL 32314
Enclosed is a check for the following amount:
□ \$70.00 Filing Fee

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACTUEED

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 Mainstream Funding Network, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") N/A (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) New York (State or country under the law of which it is incorporated) (FEI number, if applicable) 5. Perpetual 03/07/1997 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6. Upon qualification (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7 5586 Main Street, Williamsville, NY 14221 (Principal office address) 5586 Main Street, Williamsville, NY 14221 (Current mailing address) Mortgage Broker/Lender (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 NOT acceptable) NRAI Services, Inc. Name: 526 E. Park Avenue Office Address:

#### 10. Registered agent's acceptance:

Tallahassee

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 Scher, Assistant Secretary

(City)

- 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	FILED
Chairman: N/A	
Address:	2004 NOV −1 Þ 3:
	SECRETARY UF STATE
Vice Chairman: N/A	
Address:	<u> </u>
Director: N/A	
Address:	
,	
Director: N/A	
Address:	
B. OFFICERS	
President: Gary T. Bushorr	
Address: 5586 Main Street	
Williamsville, NY 14221	
Vice President: N/A	
Address:	
Secretary: N/A	
Address:	
Treasurer: N/A	
Address:	
1	
NOTE: If necessary, you may attach an addendum to the app	
13. (Signature of Director or Officer listed	in number 12 of the application)
14 Gary T. Bushorr, CEO/President	in number 12 of the application)

(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 MAINSTREAM FUNDING NETWORK, INC. was filed on 03/07/1997, 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 22nd day of October

\*\*\* two thousand and four. NEW, \*\*.

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