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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

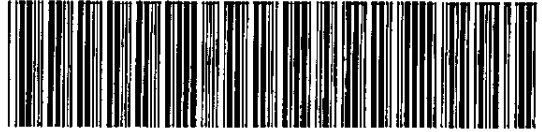
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GENESIS NATIONAL MORTGAGE CORPORATION
(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:

LESLIE McKEVITT
(Name of Person)
GENESIS NATIONAL MORTG. CORP.
(Firm/Company)
66 GILBERT ST.
(Address)
NORTHPORT NY 11768
(City/State and Zip code)

For further information concerning this matter, please call:

LESLIE McKEVITT at (631) 261-1800 x239
(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. GENESIS NATIONAL MORTGAGE CORP.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

GENESIS UNITED MORTGAGE CORP.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1-26-95 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 66 GILBERT ST
(Principal office address)

NORTHPORT NY 11768
(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 NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 526 E Park Ave

Tallahassee, Florida 32301
(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.

NRAI Services, Inc.

by: Lisa Reeves, Assist Sec
(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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TALLAHASSEE, FLORIDA

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A. DIRECTORS

Chairman: LAWRENCE FINN

Address: 24 BEAUPRE CT

HUNTINGTON NY 11743

Vice Chairman: ROBERT RAGONESI

Address: 713 4th AVE.

E. NORTHPORT, NY 11731

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: LAWRENCE FINN

Address: 24 BEAUPRE CT

HUNTINGTON NY 11743

Vice President: ROBERT RAGONESI

Address: 713 4th AVE.

E. NORTHPORT, NY 11731

Secretary: _____

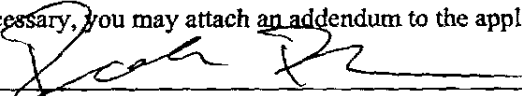
Address: _____

Treasurer: _____

Address: _____

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 TALLAHASSEE, FLORIDA

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. ROBERT RAGONESI

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

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

I hereby certify, that the Certificate of Incorporation of GENESIS NATIONAL MORTGAGE CORP. was filed on 01/26/1995, 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 an existing corporation. I further certify the following:

Certificate of Change was filed on 02/23/1995.

A Biennial Statement was filed 02/14/1997.

A Biennial Statement was filed 01/20/1999.

A Biennial Statement was filed 01/24/2001.

A Biennial Statement was filed 01/22/2003.

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 24th day of December two thousand and four.

A handwritten signature in black ink, appearing to read "Kenneth A. Denis".

Secretary of State