# FUED 3055 SECRETARY OF STATE TALLAHASSEE, FLORIDA

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
|   |  |  |  |  |
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only



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2005 MAY 23 PM 3: 46

#### TRANSMITTAL LETTER

SECRETARY OF STATE TALLAHASSEE. FLORIDA

|           |  |  | LOUI  |
|-----------|--|--|---|
|           | Registration Section Division of Corporations  |  |   |
| SUBJE     | CT: Weatherstone Mortgage Corp.  |  |   |
|           | (Name of corpor  | ation - must include suffix)   |   |
| Dear Sir  | or Madam:  |  |   |
| "Certific | osed "Application by Foreign Corporation ate of Existence," and check are submitted business in Florida.                                     |  |   |
| Please re | eturn all correspondence concerning this ma  | atter to the following:  |   |
| Nicholas  | P. Ceccarini   | ·  |   |
|           | (Nam   | e of Person)   |   |
| Weather   | rstone Mortgage Corp.  |  |   |
|           | (Firm  | /Company)  |   |
| 255 Exe   | ecutive Drive, Suite 202   | · · · · · · · · · · · · · · · · · · ·  |   |
|           | (4   | Address)   |   |
| Plainvie  | w, New York 11803  |  |   |
|           | (City/St   | tate and Zip code)   |   |
| For furth | her information concerning this matter, plea   | ase call:  |   |
| Nicholas  | s P. Ceccarini at (516   | ) 349-8181 ext. 309  |   |
|           | (Name of Person) (A  | rea Code & Daytime Telepho   | ne Number)  |
|           | STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 d is a check for the following amount: | MAILING AD<br>Registration Se<br>Division of Cor<br>P.O. Box 6327<br>Tallahassee, FL | ction<br>porations  |
|           | 00 Filing Fee S78.75 Filing Fee & Certificate of Status  | S78.75 Filing Fee & Certified Copy   | S87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 18, 2005

NICHOLAS P. CECCARINI 255 EXECUTIVE DRIVE SUITE 202 PLAINVIEW, NY 11803

SUBJECT: WEATHERSTONE MORTGAGE CORP.

Ref. Number: W05000025114

We have received your document for WEATHERSTONE MORTGAGE CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 605A00035743





### Weatherstone Mortgage Corp.

"Financial shelter from any storm" of 255 Executive Drive, Suite 202, Plainview, NY 11803 (516) 349-8181 Fax (516) 349-1980

SECRETARY OF STATE

2005 MAY 23 PM 3: 46

May 23, 2005

#### Attention: Agnes Lunt

Document Specialist
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Subject: Weatherstone Mortgage Corp.

Dear Ms. Lunt:

As per our conversation today, following is the necessary information needed to advance to the next phase of the approval process for our Florida Mortgage Broker Business license. The ten (10) pages following include:

- Your letter regarding our "out-of-state" corporation name unavailability, dated May 18, 2005
- Certificate of Existence in New York State.
- Application of Foreign Corporation for Authorization to Transact Business in Florida with line 2 completed, an alternate company name

#### Weatherstone Mtg. Corp.

Call

- As well as a copy of the checks issued to cover the application fee.

Thank you very much for aiding Weatherstone Mortgage Corp. in obtaining a Florida Broker Business license. I will call you shortly to confirm your receipt of this facsimile.

With sincere appreciation,

Margaret Ceccarini

Public Relations Coordinator

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA ORDER MAY 23 PM 3: 46

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED FOR STATE REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

| Ì,                        | Weatherstone Mortgage Corp.  |  |  |  |  |  |
|---------------------------|--|--|--|--|--|--|
|                           | (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Corp," "Inc," "Corp," "Too," or "Corp,")           |  |  |  |  |  |
|                           | Weatherstone Mtq. Corp.  |  |  |  |  |  |
|                           | (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)  |  |  |  |  |  |
|                           | (State or country under the law of which it is incorporated) (FEI number, if applicable)   |  |  |  |  |  |
| A,                        | May 31, 1996 5, Perpetual  |  |  |  |  |  |
|                           | (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")  |  |  |  |  |  |
| Ġ.                        |  |  |  |  |  |  |
|                           | (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) |  |  |  |  |  |
| -                         | 255 Executive Drive, Suite 202, Plainview, New York 11803  |  |  |  |  |  |
|                           | (Principal office address)   |  |  |  |  |  |
|                           | 255 Executive Drive, Suite 202, Plainview, New York 11803  |  |  |  |  |  |
| (Current mailing address) |  |  |  |  |  |  |
|                           | All lawful business purposes   |  |  |  |  |  |
| ξ.                        | (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  |  |  |  |  |  |
|                           | (Enthose(2) of conhousing somoused in unite state of continues to be caused one in state of Fiorida)   |  |  |  |  |  |
| ₹),                       | Name and street address of Florida registered agent: (P,O. Box NOT acceptable)   |  |  |  |  |  |
|                           | Name: <u>Nicholas P. Ceccaeini</u>   |  |  |  |  |  |
| 0                         | Palm Coast Florida 32164 (City) (Zip code)   |  |  |  |  |  |
|                           | Palm Coast Florida 32/164  |  |  |  |  |  |
|                           | (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.

(Registered agent's signature)

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.

<sup>2.</sup> Names and business addresses of officers and/or directors:

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| DIRECTORS   |  | 2005 MAY 23 PM 3: 46                    |
|---|--|---|
| heirman: Nicholas P. Ceccarini Address: 255 Executive Drive, Suite 20 | 02, Pialnview, New York 11803  | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| ice Chairman:   |  |   |
| ddress:   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
| Pirector:   |  |   |
|   |  |   |
| Formant. Nicholas P. Ceccarini  | · · · · · · · · · · · · · · · · · · ·  |   |
| ddress: 255 Executive Orive, Suite 2                                  | 102 Plainview, New York 11803  |   |
|   | <del></del>  |   |
| · · · · · · · · · · · · · · · · · · ·                                 |  |   |
|   |  |   |
|   |  |   |
| ddress:   |  |   |
| reasurer:   |  |   |
|   | an addendum to the application listing additional  | officers and/or directors               |
| 3   |  |   |
| (Signéture of D   | Director or Officer listed in number 12 of the application of the application of the properties of the application of the appli | ation)                                  |
| (Typed or pri   | inted name and capacity of person signing applicat   | ion)                                    |

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

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Department of State

| Secretary of State |
| Secretary of State |
| I hereby certify, that the Certificate of Incorporation of Manteratorial Manteratorial

Coxtificate of Change was filed on 06/12/1996.

- A Biennial Statement was filed 04/23/1998.
- A Biennial Statement was filed 05/17/2000.
- A Biennial Statement was filed 04/29/2002.
- A Bienmial Statement was filed 05/10/2004.

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 04th day of March two thousand and five.

Secretary of State

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