

F05000004988

2005 AUG 24 P 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 25, 2005

SHELINA GRAVES
SPA FUNDING
600 JOHNSON AVE., D19
BOHEMIA, NY 11716

SUBJECT: S. PARKER & ASSOCIATES, INC.
Ref. Number: W05000035256

We have received your document for S. PARKER & ASSOCIATES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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

Agnes Lunt
Document Specialist

Letter Number: 105A00048383

SPA FUNDING

Mortgage Consultants

600 Johnson Ave, D19
Bohemia, New York 11716

Phone: (631) 218-0273

Fax: (631) 218-2619

2005 AUG 01 10 30 AM
Website: spa-funding.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Shelina Graves
President

July 8, 2005

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: S. Parker & Associates, Inc.

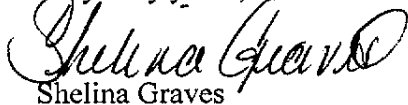
Dear Sir/Madam:

Enclosed please find the following:

1. Application For The Registration Of A Foreign Corporate Name;
2. Check payable to Florida Department of State in the amount of \$87.50
3. Original Certificate of Good Standing issued from New York State.

If you have any questions, please do not hesitate to contact me at the numbers above or you may reach me on my mobile telephone at 631-806-4117.

Very truly yours,


Shelina Graves

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S. Parker & Associates, 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:

Shelina Graves
(Name of Person)
S. Parker & Associates, Inc
(Firm/Company)
1600 Johnson Ave, suite D19
(Address)
Bohemia, N.Y. 11716
(City/State and Zip code)

For further information concerning this matter, please call:

Shelina Graves at (631) 218-0273
(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 & 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

FILED

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.

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1. S. Parker & Associates, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "LTD." or "LLC." "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. 11-3615694
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. 6/18/01 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 600 Johnson Ave. Suite D19, Bohemia, NY 11716
(Principal office address)
- Same
(Current mailing address)

8. Mortgage Broker Business
(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: Lisa Glassman, Esq.

Office Address: 2627 NE 203rd Street, Suite 100

Aventura, FL
(City)

, Florida 33180-1945
(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)

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: Shelina Graves

Address: 214 Smith Ave, Holbrook, NY 11761

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Shelina Graves

(Signature of Director or Officer listed in number 12 of the application)

14. Shelina Graves, President

(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 S. PARKER & ASSOCIATES, INC. was filed on 06/19/2001, 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.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 07th day of July
two thousand and five.*

A handwritten signature in dark ink, appearing to read "Kenneth A. D. S.", written over a horizontal line.

Secretary of State