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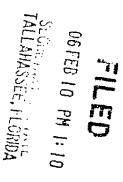
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Transfer Care South

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Avenue Mortage, Inc.,	
(Name of corporation	- must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Au "Certificate of Existence," and check are submitted to reg transact business in Florida.	
Please return all correspondence concerning this matter to	the following:
Andrew Cohen	
(Name of P	erson)
Avenue Mortgage, Inc.,	
(Firm/Comp	pany)
57 Manorhaven Blvd.	
(Addres	s)
Port Washington, NY 11050	
(City/State and	d Zip code)
For further information concerning this matter, please call	06 FEB LLAHAS.
Andrew Cohen at (516 -	944-8100 ext 101
(Name of Person) (Area Co	944-8100 ext 101 de & Daytime Telephone Number) ORDA
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
	78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.
^
(Enter name of corporation; must include "TNCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
Avenue Mortsage of Florida (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New York (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/15/D1 5. Per P tu al (Duration: Year corp. will cease to exist or "perpetual")
,
6. <u>NA</u>
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 57 Manoshaven Blud Port Washing ton M 1105 (Principal office address)
(Principal office address)
57 Manor haven TS/vd Rort Washington, W7 1/052 (Current mailing address)
(Current mailing address)
8. Most 9 a ges (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
(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: Robert Cooper Office Address: 2999 NE 191 Shee Ste. 704 Aventura, Florida 37180
Office Address: 2999 NE 1915he Ste. 704 Aventura, Florida 37180 (City) (Zip code)
77180 B
(City), Florida 3 1 10 5 5 6
10. Positioned agently accompany
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 Chairman: Andrew Cohen Address: 2 Shorewood Drive Sands Point, NY 11050 Vice Chairman: Address: Address: **B. OFFICERS** President: Andrew Cohen Address: 2 Shorewood Drive Sands Point, NY 11050 Vice President: Secretary: Susan Pechman Address: 2 Shorewood Drive, Sands Point, NY 11050 Treasurer: Address: ___ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. Andrew Cohen 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 AVENUE MORTGAGE, INC. was filed on 11/15/2001, under the name of FIRST REALTY FUNDING, INC., 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.

A Certificate of Amendment FIRST REALTY FUNDING, INC., changing its name to AVENUE MORTGAGE, INC., was filed 01/07/2002.

The Biennial Statement is past due.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 01st day of February two thousand and six.

Special Deputy Secretary of State

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