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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | | |
| Certified Copies | _ Certificates | of Status |
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SECRETARY OF STATE





FLORIDA DEPARTMENT OF STATE Division of Corporations

April 25, 2007

BARTON C. MANN 200 MEDICAL DR., #D CARMEL, IN 46032

SUBJECT: AMTRUST MORTGAGE FUNDING INC

Ref. Number: W07000020090



We have received your document for AMTRUST MORTGAGE FUNDING INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham Document Specialist New Filing Section

Letter Number: 207A00028204

COVER LETTER

| TO: New Filing Section Division of Corporations | |
|--|---|
| SUBJECT: Amtrust Mortgage Funding, Inc | |
| (Name of corporation - must include suffix) | |
| Dear Sir or Madam: | |
| The enclosed "Application by Foreign Corporation for Authorization to Transact Busin "Certificate of Existence," and check are submitted to register the above referenced fore transact business in Florida. | |
| Please return all correspondence concerning this matter to the following: | |
| Barton C Mann | |
| (Name of Person) | |
| Amtrust Mortgage Funding Inc | 23.5 2001 |
| (Firm/Company) | |
| 200 Medical Drive #D | ASSIII P |
| (Address) | mo T |
| Carmel, In 46032 | TS D |
| (City/State and Zip code) | |
| For further information concerning this matter, please call: | |
| Barton C Mann at (317) 575-4355 ex 24 | |
| (Name of Person) at (317) 5/5-4355 ex 24 (Area Code & Daytime Telephone Nur | mber) |
| | , |
| | |
| STREET/COURIER ADDRESS: MAILING ADDRESS | SS: |
| New Filing Section Division of Corporations New Filing Section Division of Corporation | ons |
| Clifton Building P.O. Box 6327 | 0113 |
| 2661 Executive Center Circle Tallahassee, FL 3231 | 4 |
| Tallahassee, FL 32301 | |
| Enclosed is a check for the following amount: | |
| Certificate of Status Certified Copy C | 7.50 Filing Fee, tertificate of Status & tertified 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.

| Indiana | | |
|--|--|--------------------|
| Indiana | _{3.} 36-4490294 | |
| (State or country under the law of which it is incorporated) | (FEI number, if applicab | le) |
| 2-28-2002 | 5. (Duration: Year corp. will cease to exis | |
| (Date of incorporation) | (Duration: Year corp. will cease to exis | it or "perpetual") |
| (2) | | |
| (SEE SECTIONS 607.1501 & 607 | s in Florida, if prior to registration) .1502, F.S., to determine penalty liability) | PEC SEC |
| 200 Medical Drive #D Carmel, In 460 | - | 哥哥 |
| (Principal office a | | SS: -8 |
| 200 Medical Drive #D Carmel, In 460 | 32 | E.O. Y |
| (Current mailing a | ddress) | FLOT S |
| • • | | |
| Originate Mortgage Logge | | المراجع والمراجع |
| | country to be carried out in state of Florida | AB TO |
| (Purpose(s) of corporation authorized in home state or | • | AB TO |
| (Purpose(s) of corporation authorized in home state or Name and <u>street address</u> of Florida registered agent: (P | • | AB TO |
| (Purpose(s) of corporation authorized in home state or Name and street address of Florida registered agent: (P | O. Box NOT acceptable) | AB TO |
| Name and street address of Florida registered agent: (P | O. Box NOT acceptable) | AB TO |
| (Purpose(s) of corporation authorized in home state or Name and street address of Florida registered agent: (P | O. Box NOT acceptable) | AB TO |

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: ____ Address: ___ Vice Chairman: Address: Director: _ Address: **B. OFFICERS** President: Barton C Mann Address: 1516 Dorchester Pl Carmel, In 46033 Vice President: Address: Secretary: __ Address: _ 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. Barton C Mann

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

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

AMTRUST MORTGAGE FUNDING, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on February 28, 2002, and was in existence or authorized to transact business in the State of Indiana on April 19, 2007.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Nineteenth Day of April, 2007.

TODD ROKITA, Secretary of State

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