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SECRETARY OF STATE

11711-27453

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Euro Mortga	ge Bankers, Inc.
	lame of corporation - must include suffix)
Dear Sir or Madam:	
	n Corporation for Authorization to Transact Business in Florida," are submitted to register the above referenced foreign corporation to
Piease return all correspondence cor	erning this matter to the following:
Lisa Vitale	
	(Name of Person)
Euro Mortgage Bank	ers, Inc.
	(Firm/Company)
144 Medford Avenue	
Patchogue, New Yor	(Address)
	(City/State and Zip code)
For further information concerning	at (631) 289-6000 Ext. 11284
Lisa Vitale	
(Name of Person) STREET/COURIER ADI New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	RESS: MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327
Enclosed is a check for the followin \$70.00 Filing Fee \$78.75 Certifi	



EURO MORTGAGE BANKERS, INC.

June 6, 2007

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: CERTIFICATE OF AUTHORITY

To Whom It May Concern:

Enclosed please find an application for Euro Mortgage Bankers, Inc. to transact business in the state of Florida; as well as a check number 1035 in the amount of \$78.75 made payable to Florida Department of State. The enclosed check is to pay for the filing fee as well as a Certificate of Status.

Euro Mortgage Bankers, Inc. became incorporated in the State of New York on March 29, 2006; our Articles of Incorporation are enclosed. We became approved with the New York State Banking Department as a Mortgage Banker on March 21, 2007.

If you require any further information in order to process the enclosed application please contact Lisa Vitale either via e-mail at, lvitale@euromortgagebankers.com or via phone at, 631-289-6000 Ext. 108. You may also contact myself via e-mail at, pmeier@euromortgagebankers.com or via phone at, 631-289-6000 Ext. 108.

Sincerely Yours,

Euro Mortgage Bankers, Inc.

Patricia Meier

Assistant to Lisa Vitale, President

Encl.



EURO MORTGAGE BANKERS, INC.

June 28, 2007

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: CERTIFICATE OF AUTHORITY Ref. Number: W07000027453

To Whom It May Concern:

Enclosed please find the corrected page from the application stating that Euro Mortgage is a Perpetual Corporation. Also enclosed is a letter from the office of financial regulation authorizing use of our company name. An original Certificate of Good Standing dated June 22, 2007 issued from the New York State Secretaries office is also enclosed. The check in the amount of the filing fee has already been issued.

If you require any further information to expedite the process of this application please contact Lisa Vitale either via e-mail @ <a href="https://livitale.org/l

Sincerely Yours,

Euro Mortgage Bankers, Inc.

Patricia Meier

Assistant to Lisa Vitale, President

Encl.



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 8, 2007

LISA VITALE EURO MORTGAGE BANKERS, INC. 144 MEDFORD AVENUE PATCHOGUE, NY 11772

SUBJECT: EURO MORTGAGE BANKERS, INC.

Ref. Number: W07000027453

We have received your document for EURO MORTGAGE BANKERS, 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):

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar important in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Corporate Name Approval Request" form to be completed and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Regulation, resubmit the document and the approval letter to the Division of Corporations for filing.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call

(850) 245-6879.

Ruby Dunlap Regulatory Specialist

Letter Number: 807A00039188

BANDO CONTROL CONTROL

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



OFFICE OF FINANCIAL REGULATION

FINANCIAL SERVICES COMMISSION

CHARLIE CRIST GOVERNOR

BILL MCCOLLUM ATTORNEY GENERAL

ALEX SINK
CHIEF FINANCIAL OFFICER

CHARLES BRONSON COMMISSIONER OF AGRICULTURE

June 20, 2007

Ms. Lisa Vitale 144 Medford Avenue Patchogue, New York 11772

Dear Ms. Vitale:

DON B. SAXON

COMMISSIONER

Re: Euro Mortgage Bankers, Inc.

Thank you for your recent letter/fax requesting approval for use of the above-referenced corporate name. It is the opinion of this Office that your name is definitive enough to differentiate the business being conducted from that of a commercial bank or trust company.

This Office does not object to your use of the above name being registered as a foreign corporation in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state. Proper regulatory approvals will be required.

Sincerely,

Linda B. Charity

Director

LBC:ker

cc: Karon Beyer, Chief, Bureau of Commercial Recordings, Division of Corporations,
Department of State
Sandra Green, Division of Finance Regulation

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.

	rtgage Bankers, Inc.		
(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATIO	N,"
(If name unavail	able in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting	ng business in Florida)
_{2.} New Yor	k	3 20-4636482	
-·	under the law of which it is incorporated)	(FEI number, if app	olicable)
3/29/200	6	Poxoetical	
	of incorporation)	(Duration: Year corp. will cease to	o exist or "perpetual")
_{6.} N/A			
<i>5.</i> <u></u>		s in Florida, if prior to registration) .1502, F.S., to determine penalty liabil	ity)
, 144 Med	ford Avenue Patchogue	e, NY 11772	
,	(Principal office a		
144 Med	ford Avenue Patchogue	e, NY 11772	
	(Current mailing a		
8. Mortgag		JAL)	Z S TA TA
(Purpose(s) of corporation authorized in home state or	country to be carried out in state of Flo	*** · · · · · · · · · · · · · · · · · ·
9. Name and stree	et address of Florida registered agent: (F	O.O. Box NOT acceptable)	
Name:	Gaby Fanoun		PY C
Office Address:	4325 SOuth Lake Circ	zie	P 12: 02 OF STATE FLORIDA
	Melbourne	, Florida 32901	02
	(City)	(Zip code)	-
Having been nam designated in this further agree to c	gent's acceptance: ned as registered agent and to accept set application, I hereby accept the appoir omply with the provisions of all statutes with and accept the obligations of my	ntment as registered agent and agr s relative to the proper and comple	ee to act in this capacity.
_	Caby Fano (Registered agent's signatur	UN	
	(Registered agent's signatur	re)	

^{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:

Chairman: Lisa Vitale Address: 144 Medford Avenue Patchogue, NY 11772 Vice Chairman: N/A Address: N/A N/A Director: N/A N/A Director: N/A Address: N/A N/A B. OFFICERS President: Lisa Vitale 144 Medford Avenue Patchogue, NY 11772 Vice President: N/A Address: N/A N/A Address: N/A Address: N/A Address: N/A N/A Secretary: Keith Calabro 144 Medford Avenue Patchogue, NY 11772 N/A Address: N/A N/A N/A N/A N/A N/A N/A N/A		ECTORS			
Address: 144 Medford Avenue Patchogue, NY 11772 Vice Chairman: N/A Address: N/A N/A Director: N/A Address: N/A N/A N/A Director: N/A Address: N/A N/A N/A N/A B. OFFICERS President: 144 Medford Avenue Patchogue, NY 11772 Vice President: N/A Address: N/A N/A Secretary: Keith Calabro Address: N/A N/A N/A NOTE: If pecessary yor may attach a fledder/dum to the application listing additional officers and/or directors.	Chairman	Lisa Vitale			
Vice Chairman: N/A Address: N/A N/A Director: N/A Address: N/A N/A Director: N/A N/A Director: N/A N/A B. OFFICERS President: Lisa Vitale 144 Medford Avenue Patchogue, NY 11772 Vice President: N/A Address: N/A N/A N/A N/A Secretary: Keith Calabro 144 Medford Avenue Patchogue, NY 11772 N/A N/A N/A N/A N/A N/A N/A N/					
Address: N/A N/A Director: N/A Address: N/A N/A Director: N/A N/A Director: N/A Address: N/A N/A B. OFFICERS President: Lisa Vitale 144 Medford Avenue Patchogue, NY 11772 Vice President: N/A Address: N/A N/A N/A N/A N/A N/A N/A N/A		Patchogue, NY 11772		•	
Address: N/A N/A Director: N/A Address: N/A N/A Director: N/A N/A Director: N/A Address: N/A N/A B. OFFICERS President: Lisa Vitale 144 Medford Avenue Patchogue, NY 11772 Vice President: N/A Address: N/A N/A N/A N/A N/A N/A N/A N/A	Vice Chai	rman: N/A			
N/A Address: N/A N/A N/A Director: N/A N/A Director: N/A N/A B. OFFICERS President: Lisa Vitale 144 Medford Avenue Patchogue, NY 11772 Vice President: N/A N/A Address: N/A N/A Secretary: Keith Calabro 144 Medford Avenue Patchogue, NY 11772 N/A N/A NOTE: If necessary you may attach an added dum to the application listing additional officers and/or directors.					
Director: N/A Address: N/A N/A Director: N/A N/A Address: N/A B. OFFICERS President: Lisa Vitale Address: Patchogue, NY 11772 Vice President: N/A Address: N/A Address: N/A N/A Secretary: Keith Calabro 144 Medford Avenue Patchogue, NY 11772 N/A NOTE: If necessary vor may attach an leader dum to the application listing additional officers and/or directors.					
Address: N/A N/A Director: N/A Address: N/A N/A B. OFFICERS President: Lisa Vitale 144 Medford Avenue Patchogue, NY 11772 Vice President: N/A Address: N/A N/A Secretary: Keith Calabro 144 Medford Avenue Patchogue, NY 11772 Treasurer: N/A Address: N/A N/A NOTE: If necessary on may attach an leddendum to the application listing additional officers and/or directors.	-				,
N/A Director: N/A N/A N/A N/A N/A B. OFFICERS President: Lisa Vitale Address: Patchogue, NY 11772 Patchogue, NY 11772 N/A Address: N/A N/A Secretary: Keith Calabro 144 Medford Avenue Patchogue, NY 11772 N/A Modress: N/A N/A N/A N/A N/A N/A N/A N/A		N/A			
Address: N/A N/A B. OFFICERS President: Lisa Vitale Address: Patchogue, NY 11772 Vice President: N/A Address: N/A N/A N/A Secretary: Keith Calabro 144 Medford Avenue Patchogue, NY 11772 N/A N/A N/A N/A N/A N/A N/A N/	radios.				
Address: N/A N/A B. OFFICERS President: Lisa Vitale Address: 144 Medford Avenue Patchogue, NY 11772 Vice President: N/A Address: N/A N/A Secretary: Keith Calabro 144 Medford Avenue Patchogue, NY 11772 N/A N/A N/A N/A NOTE: If necessary von may attach an addendum to the application listing additional officers and/or directors.	Director:	N/A			
N/A B. OFFICERS President: Lisa Vitale Address: H44 Medford Avenue Patchogue, NY 11772 Vice President: N/A Address: N/A N/A Secretary: Keith Calabro Address: N/A Address: N/A N/A N/A N/A N/A N/A N/A N/A		N/A	-	· · · · · · · · · · · · · · · · · · ·	
President: Address: Address: Address: N/A N/A N/A Secretary: Keith Calabro 144 Medford Avenue Patchogue, NY 11772 Treasurer: N/A N/A N/A N/A N/A N/A N/A N/		N/A	-		
President: Address: Address: Address: N/A N/A N/A Secretary: Keith Calabro 144 Medford Avenue Patchogue, NY 11772 Treasurer: N/A N/A N/A N/A N/A N/A N/A N/	B. OFF	ICERS			
Address: 144 Medford Avenue Patchogue, NY 11772 Vice President: N/A Address: N/A N/A Secretary: Keith Calabro 144 Medford Avenue Patchogue, NY 11772 Treasurer: N/A N/A NOTE: If necessary you may attach af adderdum to the application listing additional officers and/or directors.			1		
Patchogue, NY 11772 Vice President: N/A Address: N/A N/A Secretary: Keith Calabro 144 Medford Avenue Patchogue, NY 11772 Treasurer: N/A N/A NOTE: If necessary you may attach an added dum to the application listing additional officers and/or directors.			ALL!		
Vice President: N/A Address: N/A N/A N/A Secretary: Keith Calabro 144 Medford Avenue Patchogue, NY 11772 Treasurer: N/A N/A N/A N/A N/A N/A N/A N/A	Addiess.		HAZ A		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
N/A N/A Secretary: Keith Calabro 144 Medford Avenue Patchogue, NY 11772 Treasurer: N/A N/A NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors.	Vice Pres	_	SEI YY	-5	
N/A Secretary: Keith Calabro Address: 144 Medford Avenue Patchogue, NY 11772 N/A NOTE: If necessary you may attach an adderdum to the application listing additional officers and/or directors.			-4-31	-0	
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Address: 144 Medford Avenue Patchogue, NY 11772 N/A NOTE: If necessary you may attach an adderdum to the application listing additional officers and/or directors.	Caaratam		1651		
Treasurer: Address: N/A NOTE: If necessary you may attach an adderdum to the application listing additional officers and/or directors.	•				
NOTE: If necessary you may attach an adderdum to the application listing additional officers and/or directors.		λ1/Λ			
NOTE: If necessary you may attach arradder dum to the application listing additional officers and/or directors.					
	•	If necessary you may attach an adderdum to the application listing additional officers a	ınd/or di	rectors.	
(Signature of Director or Officer listed in number 12 of the application)			· · · ·	· · ·	
14. Lisa Vitale, President (Typed or printed name and capacity of person signing application)	14. LIS	(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 EURO MORTGAGE BANKERS, INC. was filed on 03/29/2006, 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 22nd day of June two thousand and seven.

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