WW 2729

| (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



300407516683

S. ROBERTS HAY - 9 2023



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

| Date: | 05/08/2023 | |
|---------------|-------------------------------------|----------------------------|
| Name: | Merritt Walker | |
| Reference | #:1994414 | |
| Entity Nam | e:1ST PRIORI | TY MORTGAGE, INC. |
| | cles of Incorporation/Authorization | |
| Ame | endment | |
| ☐ Cha | nge of Agent | |
| Rein | nstatement | |
| ☐ Con | version | |
| ☐ Mer | ger | |
| ☐ Diss | solution/Withdrawal | |
| ☐ Ficti | tious Name | |
| ✓ Othe | erCERTIFIED CO | OPY OF THE FILING EVIDENCE |
| | | |
| Authorized | Amount: \$78.75 | |
| Signature: | mw | |

F: 800.944,6607

COVER LETTER

| TO: | Registration Section Division of Corpo | | | | |
|--|--|--|--|--|--|
| SUBJ | ECT: | | 1st Priority Me | ortgage, Inc. | |
| 300 | | Name of co | rporation - mu | st include suffix | |
| Dear S | ir or Madam: | | | | |
| "Certi | ficate of Existence," | | ood Standing" | and check are subi | et Business in Florida," mitted to register the |
| Please | return all correspon | dence concerning th | is matter to the | following: | |
| | | F | tebecca Lewis | | |
| | • • • | 1 | Name of Person | 1 | |
| | | (| Clark Hill PLC | | |
| | | F | irm/Company | | |
| | | 301 Gra | ant Street, 14th | Floor | |
| | | | Address | | |
| | | Pitts | burgh, PA 152 | 38 | |
| | | Cit | y/State and Zip | code | |
| | | E-mail address: (to | be used for fut | ure annual report n | otification) |
| For fu | rther information co | ncerning this matter, | please call: | | |
| | Rebecca Lew | is at (| 412) | 394-7 | 742 |
| | Name of Person | | rea Code | Daytime Teleph | none Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | |
| Please | • • | e following amount: b: FLORIDA DEPAR \$78.75 Filing Fee Certificate of Sta | : & □ S78. | TATE 75 Filing Fee & lified Copy | ☐ \$87.50 Filing Fee, 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.

| (If name unavailab | le in Florida, enter alternate corporate name ad | lopted for the purpose of transacting b | ousiness in Florida) | | |
|---|--|--|----------------------|--|--|
| | New York under the law of which it is incorporated) 3 | | | | |
| (State or country | under the law of which it is incorporated) | (FEI number, if appli | cable) | | |
| | 01/09/1986 | | | | |
| (Date of incorporation) | | (Date of duration, if other than perpetual) | | | |
| | | | | | |
| | (Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 | forida, if prior to registration) 2, F.S., to determine penalty liability) |) | | |
| | 6000 Sheridan Drive, Willia | msville, NY 14221 | | | |
| | (Principal office | street address) | | | |
| | 6000 Sheridan Drive, Willia | msville, NY 14221 | | | |
| | (Current mailing | address, if different) | | | |
| | | | | | |
| Name and street | address of Florida registered agent: (P.O. | Box NOT acceptable) | 2073 | | |
| Name and street Name: | address of Florida registered agent: (P.O. Cogency Global Inc. | Box <u>NOT</u> acceptable) | 2073 1111 | | |
| Name: | | Box <u>NOT</u> acceptable) | 2022 5 | | |
| Name: | Cogency Global Inc. 115 North Calhoun Street, Suite 4 | | | | |
| Name: | Cogency Global Inc. 115 North Calhoun Street, Suite 4 | Box <u>NOT</u> acceptable), Florida (Zip code) | | | |
| Name: ffice Address: | Cogency Global Inc. 115 North Calhoun Street, Suite 4 Tallahassee, Florida (City) | | 2022 2 (1): 1-7 | | |
| Name: ffice Address: Registered agen | Cogency Global Inc. 115 North Calhoun Street, Suite 4 Tallahassee, Florida (City) | | ;l0: 17 | | |
| Name: ffice Address: Registered agen aving been names esignated in this a | Cogency Global Inc. 115 North Calhoun Street, Suite 4 Tallahassee, Florida (City) It's acceptance: It as registered agent and to accept service application, I hereby accept the appointment | , Florida(Zip code) to f process for the above stated cont as registered agent and agree | orporation at the pl | | |
| Name: ffice Address: Registered agen aving been names esignated in this a orther agree to con | Cogency Global Inc. 115 North Calhoun Street, Suite 4 Tallahassee, Florida (City) It's acceptance: It as registered agent and to accept services | , Florida32301 , Florida(Zip code) conf process for the above stated cont as registered agent and agree ative to the proper and complete | orporation at the pl | | |
| Name: ffice Address: Registered agentaving been named esignated in this auther agree to con | Cogency Global Inc. 115 North Calhoun Street, Suite 4 Tallahassee, Florida (City) It's acceptance: It as registered agent and to accept service pplication, I hereby accept the appointmently with the provisions of all statutes release. | , Florida32301 , Florida(Zip code) conf process for the above stated cont as registered agent and agree ative to the proper and complete | orporation at the pl | | |
| Name: Office Address: Registered agentaving been named esignated in this author agree to con | Cogency Global Inc. 115 North Calhoun Street, Suite 4 Tallahassee, Florida (City) It's acceptance: It as registered agent and to accept service pplication, I hereby accept the appointmently with the provisions of all statutes release. | , Florida32301 , Florida(Zip code) to of process for the above stated cont as registered agent and agree ative to the proper and complete ption as registered agent. | orporation at the pl | | |

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

| A DIRECTORS | | | | F. Duffy Hanna 119 Gamma Drive | |
|---|----------------------------------|-------------------------|-------------|--------------------------------------|--|
| □ Vice Chairman | Address: Williamsville, NY 14221 | ■ Vice Chairman | | 119 Gamma Drive Pittsburgh, PA 15238 | |
| Director | | ■ Director ☐ President | | | |
| President | | □Vice President | | • | |
| | | | • | OT. | |
| □ Secretary _ | Treasurer | □Secretary _ | | □Treasurer | |
| Other | Other | Other | | Other | |
| ■ Chairman | Merle L. Whitehead | □ Chairman | Name: | Helen Hanna Casey | |
| □ Vice Chairman | Address: 6505 E. Quaker Street | □Vice Chairman | Address: | 119 Gamma Drive | |
| □Director | Orchard Park, NY 14127 | ■Director | | Pittsburgh, PA 15238 | |
| □President | | □President | | | |
| □Vice President | | □Vice President | | | |
| □ Secretary | ☐Treasurer | ☐Secretary | | □Treasurer | |
| □Other | Other | □Other | | □Other | |
| □Chairman | Annie Hanna Cestra | □Chairman | Name: | Tracy Rossetti-Delvaux | |
| □Vice Chairman | Address: | □Vice Chairman | | 119 Gamma Drive | |
| Director | Pittsburgh, PA 15238 | ■ Director | | Pittsburgh, PA 15238 | |
| □President | | □President | | | |
| □Vice President | | □Vice President | | | |
| ■ Secretary | ☐Treasure: | □ Secretary | | ■Treasurer | |
| □Other | Other | □Other | | Other | |
| individuals may be | • | ment of State Annual Re | port form. | | |
| The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. | | | | | |
| 13 | | | | | |

11 A. Continued

Howard W. Hanna, III - Director 6000 Parkland Boulevard Mayfield Heights, OH 44124

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: IST PRIORITY MORTGAGE, INC.

DOS ID Number: 1049187

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 01/09/1986

Statement Status: CURRENT Statement Due Date: 01/31/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on May 08, 2023 at 11:41 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Heylan

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100003455491 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov