# F95000001178

TO: QUALIFICATION/TAX LIEN SECTION DIMSION OF CORPORATIONS

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-02/[6/950	11119- <b>-0</b> 09§
*** <b>*</b> ***70.00	*****70.00

SUBJECT: Standard Financial Services, 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:

Karen W. Rexroad
(Name of Person)
Standard Financial Services, Inc.
(Firm/Company)
P.O. Box 2364
(Address)
Gulfport, MS 39505
(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

Karen W. Rexroad at (601 ) 863 - 3812 .

(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

### RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned	_ , do hereby certify
that this Resolution of the Board of Directors of <u>Standard Financial</u>	Services, Inc.
a corporation duly organized and existing under the laws of the State of	Mississippi .,
was duly adopted on <u>1-8</u> , 19 <u>10</u> .	
Resolved, that <u>Standard Financial Services</u> , <u>Inc.</u> , and existing in the State of <u>Mississippi</u> , hereby name <u>Standard Financial Services of MS</u> , <u>Inc.</u> for	ro ro radopis tho o
Dated: 3-10-95  Signature of at least of	na director



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 17, 1995

KAREN W. REXROAD P.O. BOX 2364 GULFPORT, MS 39505

SUBJECT: STANDARD FINANCIAL SERVICES, INC.

Ref. Number: W95000003715

We have received your document for STANDARD FINANCIAL SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filled and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the CORPORATE SPECIALIST indicated.

Please return 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 (904) 487-6097.

Michael Mays Corporate Specialist

Letter Number: 195A00007298

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## 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:

Mississippi	wof which it is incorporated) 3. 64-078,2461 (FEI number, if applie	
State or country under the la	wof which it is incorporated) (FEI number, if applie	cable)
1-8-90	5. perpetual (Duration: Year corp. will cease to	aviet es Brosnotini M
		exist or purputuar (
Upon_receipt_of of the Upon receipt of the Upo	authorizat, ion s in Florida. (See sections 607,1501, 607,1502, and 817,155, F.S.)	) <b>(1)</b>
		:
TOJOS TRICE KIVE	rs Road, 10 Box 2664	**************************************
Gulfoort, MS 39	503	tua -
((	503 Current mailing address)	, <b></b>
LOAN DIVIVEDE	-	<u> </u>
	authorized in home state or country to be carried out in t	he state of Florida)
Name and street add	authorized in home state or country to be carried out in the carried o	ne state of Florida)
Name and street add	authorized in home state or country to be carried out in the state of Florida registered agent:  Frank J. Hathaway  902 Waterway Place	
Name and street add	authorized in home state or country to be carried out in the state of Florida registered agent:  Frank J. Hathaway  902 Waterway Place	32750
Name and street add	authorized in home state or country to be carried out in the carried o	
Name and street add  Name: _  Office Address: _	authorized in home state or country to be carried out in the carried o	32750
Name and street add  Name: _  Office Address: _  -  Registered agent's	authorized in home state or country to be carried out in the state of Florida registered agent:  Frank J. Hathaway  902 Waterway Place  Longwood , Florida acceptance:	32750 (Zip Code)
Name and street add  Name: _  Office Address: _  -  Registered agent's aving been named as re	authorized in home state or country to be carried out in the state of Florida registered agent:  Frank J. Hathaway  902 Waterway Place  Longwood , Florida acceptance: gistered agent and to accept service of process.	32750 (Zip Code) s for the above sta
Name and street add  Name: _  Office Address: _  Registered agent's a ving been named as registered at the place of the pl	authorized in home state or country to be carried out in the state of Florida registered agent:  Frank J. Hathaway  902 Waterway Place  Longwood , Florida acceptance:	(Zip Code) s for the above sta

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 addresses (	of officers and/or directors:	
A.	DIRECTORS		
	Chairman:		_
	_		_
	Vice Chairm	an:	<del></del>
			_
	Director:		_
	Address:		_
	_		_
	Director:		<del></del>
	Address:		_ 23
			- 11
В.	OFFICERS		 
	President:	Thomas J. Gast	
	Address:		_ <u>:2</u>
			<del>_</del>
	Vice Preside	nt:	<del>_</del>
	Address:		<del></del>
	Secretary:	Joseph M. Gast	_
	, -	10585 Three River Road	_
	_	PO Box 2664. Gulfport. MS 39503	
	Treasurer:	Joseph M. Gast	_
	Address: _	10585 Three River Road	<u> </u>
		PO Box 2664, Gulfport, MS 39503	<b></b> -
NOT and/	E: If necessary, you made or directors.	y attach an addendum to the application li	sting additional officers
13.	Signature of Chairman Nicht	hairman, or any officer listed in number 12 of the app	 nlication)
•	)	The application of the state of the state of the spirit of	anda būrų
14.	Jeseph M. Gast. Secret (Typed or printed name an	etary d capacity of person signing application)	_
	`		

## State of Mississippi

Office of the Secretary of State Dick Molpus, Secretary of State Jackson, Mississippi

CERTIFICATE OF EXISTENCE/AUTHORITY

I, DICK MOLPUS, Secretary of State of the State of Mississippi, and as such the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on January 08,1990 the state of Mississippi issued a Charter/Certificate of Authority to:

STANDARD FINANCIAL SERVICES, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is Perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Secretary of State's office.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

> Given under my hand and seal of office January 19,1995

DICK MOLPUS Secretary of State