

# F9500002044

Document Number Only

## C T CORPORATION SYSTEM

Requestor's Name  
1311 Executive Center Drive, Ste. 200  
Address  
Tallahassee, FL. 32301 (904) 656-8298  
City State Zip Phone

## CORPORATION(S) NAME

600001469416  
-05/01/95--01056--012  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

95 APR 27 AM 11:34  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HTF Managers, Inc.

F.L.

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| <input checked="" type="checkbox"/> Profit         | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger          |
| <input type="checkbox"/> NonProfit                 | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark            |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other           |
| <input checked="" type="checkbox"/> Foreign        | <input type="checkbox"/> Reservation            | <input type="checkbox"/> Change of R.A.  |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Reinstatement             | <input type="checkbox"/> Call When Ready        | <input type="checkbox"/> CUS / G/S       |
| <input type="checkbox"/> Certified Copy            | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> After 4:30      |
| <input type="checkbox"/> Call When Ready           | <input checked="" type="checkbox"/> Walk In     | <input type="checkbox"/> Pick Up         |
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File 1

**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:

1. HTE Managers, Inc.  
(Name of corporation: the word "INCORPORATED," "COMPANY," or "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware  
(State or country under the law of which it is incorporated)
3. April 18, 1995 4. Perpetual  
(Date of Incorporation) (Duration)
5. Applied for  
(Federal Employer Identification number, if applicable)
6. Upon qualification  
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)
7. 900 North Michigan Avenue, Chicago, Illinois 60611-1575  
(Current mailing address)
8. To be the general partner of Hometown Financial Partners, Ltd.  
(Brief description of the nature of the business in which it is engaged in the state of Florida)

**9. Names and addresses of officers and or directors:**

**A. Directors:**

Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Director: Gary Nickele  
Address: 900 North Michigan Avenue  
Chicago, Illinois 60611

Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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**B. Officers:**

**President:** James Motta

**Address:** 7900 Glades Road

Boca Raton, Florida 33429

**Vice President:** Stephen A. Lovelette

**Address:** 900 North Michigan Avenue

Chicago, Illinois 60611

**Secretary:** Kevin B. Yates

**Address:** 900 North Michigan Avenue

Chicago, Illinois 60611

**Treasurer:** HOWARD KOEN

**Address:** 900 NORTH MICHIGAN

CHICAGO, ILLINOIS 60611

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(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

**10. Name and Street address of Florida registered agent:**

**Name:** CT CORPORATION SYSTEM

**Office Address:** c/o C T Corporation System, 1200 South Pine Island Road

Plantation

, Florida

33324

Zip Code

**11. 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.

CT CORPORATION SYSTEM

**Registered agent's signature:**

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

(Type Name and Title of Officer)

**12.** 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.

**13.**

(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

**14.** Kevin B. Yates, Secretary

(Name and capacity of person signing application)

State of Delaware  
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HTF MANAGERS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF APRIL, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED  
95 APR 27 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



  
Edward J. Freel, Secretary of State

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AUTHENTICATION:

7484738

DATE:

04-25-95