

F95000005037

COMPLIANCE SPECIALISTS, INC.  
15 TULLAH HILL DRIVE  
TALLAHASSEE, FL 32311  
TEL. 904-942-5464  
FAX 871-3221

(P. J. Questor's Name)  
  
(Address)  
  
(City, State, Zip) (Phone #)

OFFICE USE ONLY

600001604186  
-10/09/95--01049--004

W95-20035

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. AMERICAN SUBURBAN FUNDING CORP INC. (Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☒ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

RECEIVED  
55 OCT -9 PM 1:04  
DIVISION OF CORPORATIONS  
FILED  
22  
10/17  
55 OCT 17 PM 12:09

## TRANSMITTAL LETTER

**TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS**

**SUBJECT:** AMERICAN SUBURBAN FUNDING CORPORATION  
(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:

Mary Vallone

(Name of Person)

American Suburban Funding Corporation

(Firm/Company)

P.O. Box 429

1118 Gen. Wash. Mem. Blvd.

(Address)

Washington Crossing, PA 18977

(City, State and Zip Code)

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

Mary Vallone

(Name of Person)

at ( 215 ) 493 - 8776

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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

October 9, 1995

MARY VALLONE, AMERICAN SUBURBAN FUNDING CORP.  
PO BOX 429  
1118 GEN. WASH. MEM. BLVD.  
WASHINGTON CROSSING, PA 18977

SUBJECT: AMERICAN SUBURBAN FUNDING CORP.  
Ref. Number: W95000020035

We have received your document for AMERICAN SUBURBAN FUNDING CORP. 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 date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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) 487-6958.

Lee Rivers  
Document Examiner

Letter Number: 795A00045602

FL COMPLIANCE SPECIALISTS, INC.  
1475 TUNGHILL DRIVE  
TALLAHASSEE, FL 32311  
TEL 904 642-5464  
FAX 904 642-5464

(Requestor's Name)

(Address)

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

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☐ Certificate of Status

**NEW FILINGS**

<input type="checkbox"/>	Profit
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<input type="checkbox"/>	Other

**AMENDMENTS**

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

**OTHER FILINGS**

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

**REGISTRATION/  
QUALIFICATION**

<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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9 OCT 12 PM 3:36  
DIVISION OF CORPORATION

Resolve  
Rejection



## **FLORIDA COMPLIANCE SPECIALISTS, INC.**

October 12, 1995

Dept. of State  
Division of Corporations  
Gaines Street location  
Tallahassee, FL 32399

Re: Resolve deficiency - Application for registration as a foreign corporation  
American Suburban Funding Corporation

Dear Sir/Madam:

On October 9, 1995, the above filing was hand delivered. Question number 6 was inadvertently left "blank". A copy of this page of the application is attached and correctly states "upon qualification". No business has been conducted, to date, in Florida. I trust this resolve the problem. Please contact me locally at the below phone number for any questions.

Sincerely,

  
Dave Taylor, President

cc/ Mary Vallone



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

October 12, 1995

**FL. COMPLIANCE SPECIALISTS, INC.**

**SUBJECT: AMERICAN SUBURBAN FUNDING CORP.**  
Ref. Number: W95000020035

We have received your document for AMERICAN SUBURBAN FUNDING CORP. 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 include original signatures.

Please note that you must also correct line 1, as noted in our previous letter, a copy of which is attached.

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) 487-6958.

Lee Rivers  
Document Examiner

Letter Number: 895A00046197

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:**

1. AMERICAN SUBURBAN FUNDING CORP  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "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. PA 3. 23-2156335  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1978 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. "Upon Qualification"  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.)

7. 4320 AlA South, Suite 2  
St. Augustine, Florida 32084  
(Current mailing address)

8. Mortgage Banker  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. **Name and street address of Florida registered agent:**

Name: Mark E. Hollstein  
Office Address: 4320 AlA South  
Suite 2  
St. Augustine, Florida, 32084  
(Zip Code)

10. **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.*

Mark E. Hollstein  
(Registered agent's signature)

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.

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DIVISION OF CORPORATIONS  
95 OCT 17 12:09

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: None

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

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

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

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

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

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

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

B. OFFICERS

President: Mary Vallone

Address: P.O. Box 429, 1118 Gen. Wash. Mem. Blvd.

Washington Crossing, PA 18977

Vice President: Robert Traenkle

Address: PO 429, 1118 Gen. Wash. Mem. Blvd.

Washington Crossing, PA 18977

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Mary Vallone, President  
(Typed or printed name and capacity of person signing application)



COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

SEPTEMBER 27, 1995

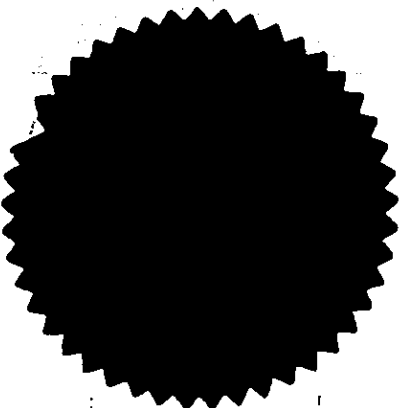
TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

AMERICAN SUBURBAN FUNDING CORP.

is duly incorporated under the laws of the Commonwealth of Pennsylvania  
and remains a subsisting corporation so far as the records of this office  
show, as of the date herein.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 OCT 17 PM 12:09



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused  
the Seal of the Secretary's  
Office to be affixed, the day  
and year above written.

Secretary of the Commonwealth

CFEN

19500005037

Section 215.26, Florida Statutes, states that applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred. Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: American Suburban Funding Corp EIN or SS#: 23-2156335

Address: 4320 AIA South, Suite 2  
St. Augustine, FL 32084

Amount: 225<sup>00</sup> Date Paid 6/24/96

Reason for claim: E95000005037 Over payment  
American Suburban Funding Corp. Duplicate filing

Certified true and correct this 1<sup>st</sup> day of July, 19 96.

Signature Mark E. Whitte

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	Amount of recommended refund \$ <u>225<sup>00</sup></u>
The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on	
State Treasurer's Receipt No. <u>970751047</u> dated <u>6/24/96</u>	
Name of Account	<u>45202130001453000000000010000</u>
Statutory Authority for Collection	<u>607</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT:	<u>452021300014530000000022002000</u>
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations (Agency)	(Authorized Signature and Title) <u>et al</u>