

**F95000005866**

TO: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: EXPRESS CAPITAL MORTGAGE 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:

STEVEN M. COHEN  
(Name of Person)

EXPRESS CAPITAL MORTGAGE CORPORATION

C/O COAST SECURITY MORTGAGE CORPORATION  
500 N. STATE COLLEGE BLVD. SUITE #800  
(Address)

ORANGE, CALIFORNIA 92668  
(City/State/Zip)

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

STEVEN M. COHEN at (714) 279-9589 AND/OR (714) 978-7770  
(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 Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**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. EXPRESS CAPITAL MORTGAGE CORPORATION

(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. CALIFORNIA

(State or country under the law of which it is incorporated)

3. 33-0680430

(FEI number, if applicable)

4. OCTOBER 19, 1995

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. BUSINESS HAS NOT BEEN TRANSACTED IN THE STATE OF FLORIDA

(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)

7. \_\_\_\_\_

C/O 500 N. STATE COLLEGE BLVD. #800

ORANGE, CA. 92668

(Current mailing address)

8. LICENSED MORTGAGE BROKERAGE BUSINESS

(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: (P.O. Box or Mail Drop Box NOT acceptable)

Name: MR. EDDIE BRINKMAN

Office Address: 1881 UNIVERSITY DRIVE SUITE 111

CORAL SPRINGS, FLORIDA

, Florida, 33071

(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.



(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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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: THIS SECTION IS NOT APPLICABLE AT THIS TIME

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

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

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

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

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

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

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

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: STEVEN M. COHEN

Address: 430 LEWERS STREET #703C

HONOLULU, HAWAII 96815

Vice President: MR. BRAD CHISICK

Address: 8228 BLACKWILLOW CIRCLE #110

ANAHEIM HILLS, CA. 92808

Secretary: STEVEN M. COHEN

Address: 430 LEWERS STREET #703C

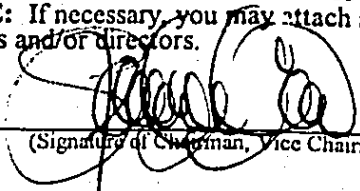
HONOLULUL, HAWAII 96815

Treasurer: STEVEN M. COHEN

Address: 430 LEWERS STREET #703C

HONOLULU, HAWAII 96815

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

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

14. STEVEN M. COHEN  
(Typed or printed name and capacity of person signing application)



# State of California

SECRETARY OF STATE



## CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, **BILL JONES**, Secretary of State of the State of California, hereby certify:

That on the 19th day of October, 19 95,

EXPRESS CAPITAL MORTGAGE CORPORATION

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

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OFFICE OF CORPORATIONS  
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IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this 31st day of October, 1995



*Bill Jones*  
BILL JONES  
Secretary of State