Qualification/Pax Lien Section **Division of Corporations** SIGMA 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. VA-96-8899 Please return all correspondence concerning this matter to the following: LCON GLASER (Name of Person) SIGNA FUNDING CORPORATION
(Firm/Company) 330 BOYNTON BAY CIRCLE BOYNTON BEACH, FL 33435

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

(Name of Person) at (407) 739-96 F8
(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

TO:

Qualification/Tax Lien Sec. **Division of Corporations** 409 E. Gaines St Taliahassee, FL 32399

MAILING ADDRESS:

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

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 25, 1996

LEON GLASER SIGMA FUNDING CORPORATION 330 BOYNTON BAY CIRCLE BOYNTON BEACH, FL 33435

SUBJECT: SIGMA FUNDING CORPORATION

Ref. Number: W96000008899

We have received your document for SIGMA FUNDING CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

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 collacts 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.)

You have submitted a photocopy of the corporation's articles. What we require for our filing purposes is an original certificate of existence or good standing.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6095.

Jennifer Sindt

Oh 18 HY h 1 MH 95 HO SHOELY OF STATE STAT

Document Examiner

Letter Number: 796A00019616

Sigma Funding Corporation 330 Boynton Day Circle

330 Boynton Bay Circle Boynton Beach, FL 33435 Tel 407-739-9094 Fax. 407-734-7038

> Leon Glaser, Pres. 407-739-9688 Chaire Sultanoff 305-931-6608

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

Inclosed please find as requested a certificate in good standing duly authinticated by the secretary of state of Delaware. As of this date we have not transacted any business in Florida. Our Federal ID No is 65-0646216

Very truly yours,

Leon Gaser, Pres.

ON SECURITY OF SIME

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. SIGMA FUNDING CORPORATED", "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. DELEWARE — 3. (5-01-46 216 (FEI number, if applicable)		
4. 2-23-1996 (Date of Incorporation) 5. PERPETUAU (Duration: Year cor will cease to exist or "perpetual")		
6. MOME - COM Gual Ficotion (Date first transacted business in Floridal SEB SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)		
7. 330 BOYNTON BAY CIRCLE		
BOYNTON TOLACH FL 33435 = PARTICIPATION (Current mailing address)		
8. BUY PERSONAL MORTGAGES (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Floridan		
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)		
Name: LEON GLASER		
Office Address: 330 BOYNTON BAY CIRCLE		
BOYNTON BEACH, Florida, 33435-		
10. Registered agent's acceptance: (Zip Code)		
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.		

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.

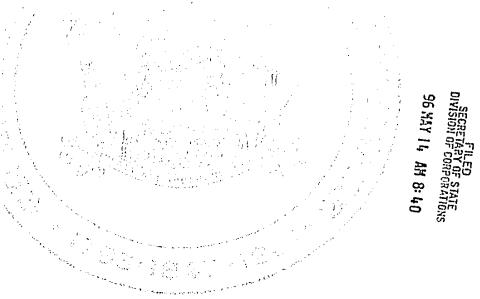
(Registered agent's signature)

. 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: LEOUY GLEFER	
Address: 330 BUYHTOH BAY CIRCLE	
BOYKTON BEACH, FL 33435	_
Vice Chairman:	
Address:	
	_
Director:	_
Address:	
	_
Director:	
Address:	

B. OFFICERS (Street address only- P. O. Box NOT acceptable)	
President: LEON GLASER	_
Address: 330 BUYNTON BEACH, FL 33435-	
BOYNTON BEACH, FC 33435-	SECI VISIO 6 MA 1
Vice President:	- 1
Address:	
CANDE CILTANA	-02.41 -03.41
Secretary: CLAIRE SULTANOFF Address: 20281 E. GUNTRY CLUB DR	D SKO
ADVENTURA FL	-
Treasurer: CLAIRE GULTANOFF	-
Address: 202FIE COUNTRY CLUB DR	-
ADVENTURA, FL	
	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
200.	
Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14. LEON GLASER PRESIDENT	
(Typed or printed name and capacity of person signing application)	- .

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SIGMA FUNDING CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LAGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF MAY, A.D. 1996.





Edward J. Freel, Secretary of State

AUTHENTICATION:

7934764

DATE:

05-06-96

2595813 8300

960130989