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CT CORPORATION SYSTEM

Requestor's Name

660 EAST JEFFERSON STREET

Address

TALLAHASSEE FL 32301 222-1092

City

State

Zip

Phone

800001858579  
-06/11/96--01105--009  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

CORPORATION(S) NAME

FHB Funding Corp.

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DIVISION OF CORPORATIONS

☒ Profit

☐ NonProfit

☐ Limited Liability Company

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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:*

1. FHB 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. NEW YORK  
(State or country under the law of which it is incorporated)
3. APPLIED FOR  
(FBI number, if applicable)
4. March 3, 1986  
(Date of Incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. Proposed  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. FHB FUNDING CORP.  
250 Old Country Road, Suite 201, Mineola, NY 11501  
(Current mailing address)
8. To act as a mortgage lender in the State of Florida  
(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: CT CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND RD.

PLANTATION

, Florida, 33324  
(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: JOEL HAND

Address: 23 Arloigh Road,  
East Northport, NY 11731

Vice Chairman: MICHAEL J. BODE

Address: 8 Meadowfarm Lane  
Cold Spring Harbor, NY 11724

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

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

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

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

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

President: MICHAEL J. BODE

Address: 8 Meadowfarm Lane  
Cold Spring Harbor, NY 11724

Vice President: JOEL HAND

Address: 23 Arleigh Road  
East Northport, NY 11731

Secretary: JOEL HAND

Address: 23 Arleigh Road  
East Northport, NY 11731

Treasurer: MICHAEL J. BODE

Address: 8 Meadowfarm Lane  
Cold Spring Harbor, NY 11724

**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. MICHAEL J. BODE, President/Treasurer Vice Chairman

(Typed or printed name and capacity of person signing application)

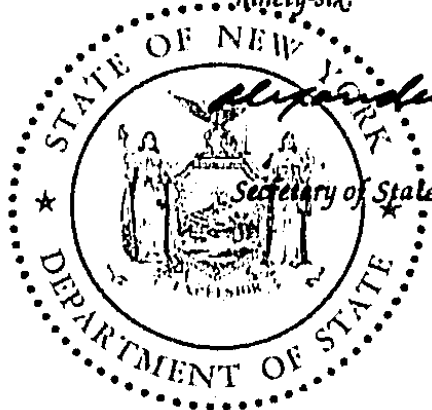
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**State of New York**  
**Department of State** ) ss:

I hereby certify, that the certificate of incorporation of FHB FUNDING CORP. was filed on 03/03/1986, with perpetual duration, and that I have made a diligent examination of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, I find no such certificate, order or record, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

\*\*\*

Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 06th day of June  
one thousand nine hundred and  
ninety-six



*Alexander F. Treadwell*

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