# F96000002919

### The National Wholesale Lending Group, Inc.

#### Northeast Regional Headquarters

Two-Twenty Highway Forty-Sia, Little Ferry, New Jersey 07643 Telephone: 1-201-440-8100, 1-800-794-3279 Faz: 1-201-440-8609

Residential and Commercial Lending

June 10, 1996

State of Florida Division of Corporations Attn: Mr. Hart Collins 409 E. Gaines Street Tallahassee, FL 32399 07/07/07/1685-59/00 -06/11/96--01168--014 \*\*\*\*138.75 \*\*\*\*\*78.75

Dear Mr. Collins:

Enclosed herewith is documentation in support of my request to register
"The National Wholesale Lending Group, Inc."
as a foreign profit corporation in Florida, and to register
"The Wholesale Lending Group of Florida, Inc."
as a fictitious name in Florida.

Also enclosed, please find our payment of the following fees:

a) Foreign profit corporation registration fee  b) Certificate of Status	\$ 70.00 \$ 8.75
c) Fictitious name registrationd) Certificate of Status	\$ 50.00 \$ 10.00
	\$138.75

Thank you very much for your attention to these matters. Should you or anyone on your staff require additional information, please contact me directly at the above numbers.

Very true yours

Lynn R. Victor President

LRV/ber

SECRETARY OF STATE ON VISION OF CORPORATION 96 JUN 11 PM 2: 45

"The Less You Pay, The More You Save! im"

#### TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section Division of Corporations
SUBJECT: THE NATIONAL WHOLESALE LEVENNG GROUP, INC. (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:
THE NATIONAL WHILE LENGUE GOLF, AUC.
220 U.S. HIGHLAY 46
Little Farey NJ 07643
Should you need to call someone concerning this matter, please call:
(Name of Person) at (1-800) 794-3279 (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:

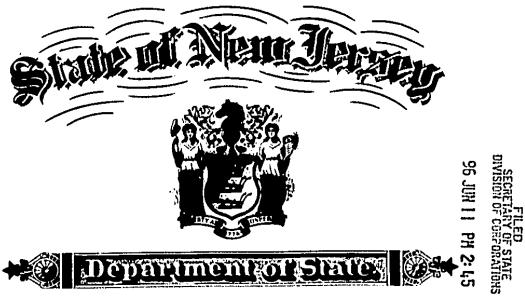
ι.	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
	(State or country under the law of which it is incorporated)  (Filt number, if applicable)
4.	(Date of Incorporation)  5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
	(Date first transacted business in Florida. (See Sections 607.1501, 607.1502, AND 817.155, F.S.)
7.	220 U.S. HICKARY 46
	(Current mailing address)
8.	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
	At any of the state of the state production of the state
	Name: JEff KADEL  Office Address: 3/50 LEE WOOD TERME, UNIT L224  Registered agent's acceptance:  Registered agent's acceptance:
	Office Address: 3150 LEE WOOD TERROLE, UNIT L224
	Boca C4-Ton . Florida . 3343/ № 25
10	Registered agent's acceptance:
	aving been named as registered agent and to accept service of process for the above stated reporation at the place designated in this application, I hereby accept the appointment as existered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relative to the proper and complete performance of my duties, and I am familiar with daccept 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.

. 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) LITTLE FEACY INT 07643 Vice Chairman: Address: \_\_\_\_\_ Director: Address: Director: \_\_\_\_ Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) Address: 226 HIGHWAY 46 Little FERRY NJ. 07643 Vice President: Address: Address: \_\_\_\_\_ Treasurer: \_\_\_\_\_ Address: \_\_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 13.

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



THE NATIONAL WHOLESALE LENDING GROUP, INC.

I, the Secretary of State of the State of New Jersey, DO HEREBY CERTIFY that the records of this office show that the charter of the above-named corporation was filed in this office on the 1st day of November A.D. 1988 and so far as the records of this office show, said corporation has never been dissolved by action of its stockholders, nor has its charter been voided for non-payment of State taxes by Proclamation and now continues as an existing corporation within the State of New Jersey. At the time of issuance of this certificate Annual Reports are current.

I FURTHER CERTIFY, that the location of the registered office is 220 Highway 46, Little Ferry, New Jersey 07643 and the registered agent is Mark Reiman.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton this 6th day of June A.D. 1996.

onne R. Hooler

SECRETARY OF STATE