P.D. ad J.L.S. Address

Tallahassee FL 32302-2555 222-3471
City/State/Zip Phone #

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

(C	orporation Name)	(Document #)	f America	-
3(C	orporation Name)	(Document #)		-
4(Co	orporation Name)	(Document #)		-
Walk in	Pick up time 3'.00	+04',00 □ Cen	ified Copy	
Mail out	<u></u>	3 L	ificate of Status	
NEW FILINGS	ANIENDMENT	3		
Profit	Amendment		96 32 38	
NonProfit	Resignation of R.A.,	Officer/ Director	· VOR T	4
Limited Liability	Change of Registere	d Agent	20 ASSE	٠
Domestication	Dissolution/Withdra	wal		
Other	Merger		FILED 96 110V 20 AN 10: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
OTHER FILINGS Annual Report	REGISTRAT	ION/3	JA	
Fictitious Name	√ Foreign			
Name Reservation	Limited Partnership			
	Reinstatement			
	Trademark			

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:

Name of corporation; must include the word TNGOVNO	ATION OF AMERICA
(Name of corporation: must include the word "INCORPO abbreviations of like import in language as will clearly indiperson or partnership if not so contained in the name at pro-	KATED", "COMPANY", "CORPORATION" or words or
New York (State or country under the law of which it is incorporated)	3
and the or winder it is incorporated)	(FEI number, if applicable)
4. 1/17/91	
(Date of Incorporation)	5. Perpetual
• •	(Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification	
6. Upon qualification (Date first transacted business in Florida. (SEE SECTION	8 607.1501, 607.1502, AND 817.155, F.S.
	<i></i>
7. 440 Route 17 North, Hasbrouck H	eights, NJ 07604
	9 0 F
	[1]: [1]
(Current mailin	a sidena) Sign Sign Sign Sign Sign Sign Sign Sign
(activities)	8 anguess) 23 g D
8. Mortgage banking	
(Purpose(s) of corporation authorized in home state or country Florida)	to be carried out in the state of
9. Name and street address of Florida registered acceptable)	ngent: (P.O. Box or Mail Drop Box <u>NOT</u>
Name: <u>Akerman, Senterfitt & Fi</u>	dson, P.A.
Office Address: 216 South Monroe Street,	
Tallahassee 10. Registered agent's accentance	Florida 22200
10 Pegistered annuals	Zin Code)
o a more hearing:	
Having been named as registered agent and to accept corporation at the place designated in this application registered agent and agree to act in this capacity. I find all statutes relative to the proper and complete performand accept the obligations of my position as registered.	n, I hereby accept the appointment as wrther agree to comply with the provisions of mance of my duties, and I am familiar with d agent.
(Hegistered 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) Chairman: Paul Lamparillo, Jr. Address: RD #1, Day Road, Campbell Hall, NY 10916 Vice Chairman: Address: Director: Michael A. Lamparillo, Jr. Address: 571 Mountain Avenue, Washington Township, NJ 07882 Director: Thomas A. Lamparillo, Jr. Address: 75 Union Street, Hackensack, NJ 07601 B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Paul Lamparillo, Jr. Address: RD #1, Day Road, Campbell Hall, NY 10916 Vice President: Thomas A. Lamparillo, Jr. Address: 571 Mountain Avenue, Washington Township, NJ 07882 Secretary: ___Rosina Pelli Address: 75 Union Street, Hackensack, NJ 07601 Treasurer: __ 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) 14. Thomas A. Lamparillo, Jr., Executive Vice President (Typed or printed name and capacity of person signing application)

State of New York Department of State

I hereby certify, that the certificate of incorporation of FIRST NATIONAL, FUNDING CORPORATION OF AMERICA was filed on 01/17/1991, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation. I further certify the following:

A Biennial Statement was filed 02/10/1993.

A Biennial Statement was filed 03/08/1994.

I further certify, that no other certificates have been filed by such corporation.

Witness in hand and the official seal of the Department of State at the City af Albany, this U6th day of November one shousand nine hundred and

Special Deputy Secretary of State

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