

F96000006180

COMPLIANCE SPECIALISTS, INC.
 476 WINGHILL AVE
 FALL HARBOR, FL 32311
 TEL: 904-042-5664
 FAX: 904-042-5664
 E-mail: info@cspecialists.com

11/25/96

Address _____
 City/State/Zip _____ Phone # _____

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 -11/25/96--01011--006
 *****78.75 *****78.75

Office Use Only

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

1. Funding Plus INC
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

- ☐ Walk in
 ☒ Pick up time Tues 11/26/96
 ☐ Certified Copy
☐ Mail out
 ☐ Will wait
 ☐ Photocopy
 ☐ Certificate of Status

RECEIVED
 96 NOV 25 PM 12:37
 DIVISION OF CORPORATION

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

11/25
 File 1st

Examiner's Initials	
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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. Funding Plus, INC
(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 3. 97-0298463
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1-29-92 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.))
7. 18107 Sherman Way #100
Reseda, CA 91335-4564
(Current mailing address)
8. Mortgage Lending
(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:

Name: Dave Taylor, % Florida Compliance

Office Address: FL. COMPLIANCE SPECIALISTS, INC.
1475 TUNGHILL DRIVE
TALLAHASSEE, FL 32311
TEL. 904-942-5464
FAX 671-3221, Florida, 82311
(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.

Dave Taylor
(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:

A. DIRECTORS

Chairman: MITCHELL R. TRAINER

Address: 33211 NO 56TH ST
CAVE CREEK, AZ 85331

Vice Chairman: _____

Address: _____

Director: HARVEY H. ROSEN

Address: 4211 ROMA COURT
MARINA DEL REY, CA 90292

Director: _____

Address: _____

B. OFFICERS

President: MITCHELL R. TRAINER

Address: See Above

Vice President: _____

Address: _____

Secretary: HARVEY H. ROSEN

Address: See Above

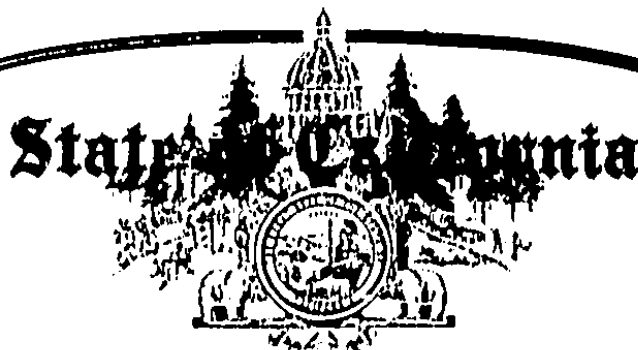
Treasurer: _____

Address: _____

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

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

14. MITCHELL R. TRAINER, CEO
(Typed or printed name and capacity of person signing application)



SECRETARY OF STATE

**CERTIFICATE OF STATUS
DOMESTIC CORPORATION**

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

That on the 29th day of January, 19 92,

FUNDING PLUS, INC.

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.

*IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal of
the State of California this day of*

September 6, 1996



Bill Jones

Secretary of State