

F98000002045
Magellan
Home Loans, Ltd.

March 19, 1998

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-03/30/98--01063--011
*****70.00 *****70.00

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

W98-7119

Re: Certificate of Authority

To Whom It May Concern,

Please find enclosed a completed Application for Authority along with supporting documents to transact business in the State of Florida.

I have also enclosed a check in the amount of \$70.00 for the filing fee.

Please call me with any questions.

Respectfully,



Mark C. Kruse
President

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98 APR -9 PM 2:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Magellan Home Loans, Ltd.

March 19, 1998

Peter Port
Port Abstract
600 Old Country Road
Garden City, NY 11530

Re: Certificate of Authority – Florida

Dear Peter,

Please find enclosed the completed Application for Certificate of Authority to transact business in the State of Florida.

- Please sign the area - Registered agent's signature (2 applications)

Please forward to the address on the cover letter.

Thanks for your help! Lets make some \$!!

Respectfully,


Mark C. Kruse



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 31, 1998

MARK C. KRUSE, PRESIDENT
MAGELLAN HOME LOANS, LTD.
PO BOX 667
RYE, NY 10580

SUBJECT: MAGELLAN HOME LOANS, LTD.
Ref. Number: W98000007119

We have received your document for MAGELLAN HOME LOANS, LTD. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not acceptable as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

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 (850) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 998A00017088

Magellan

Home Loans, Ltd.

April 7, 1998

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

Re: Certificate of Authority

To Whom It May Concern:

Please find enclosed an amended Application for Authorization to Transact Business in Florida. I have also enclosed a Corporate Resolution authorizing the use of the name Magellan Home Loans Corp. in the State of Florida.

Please contact me if there is any other information you may need.

Respectfully,



Mark C. Kruse
President

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: MAGELLAN HOME LOANS, LTD.
(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:

MARK C. KRUSE

(Name of Person)

MAGELLAN HOME LOANS, LTD.

(Firm/Company)

25 ROSEMERE STREET

(Address)

RYE, NY 10580

(City/State/Zip)

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

MARK C. KRUSE

(Name of Person)

at (914) 967-3545

(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section
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*

1. MAGELLAN HOME LOANS 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 3. 13-3990134 (FEDERAL ID. NUMBER)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02/12/98 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. SHORTLY AFTER OUR APPLICATION FOR LICENSURE AS A MORTGAGE LENDER HAS BEEN APPROVED
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) IN FLORIDA
7. 3565 NE 163rd STREET
N. MIAMI BEACH, FLA 33160
(Current mailing address)
8. RESIDENTIAL MORTGAGE BANKING
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
- Name: PETER PORT, ESQ.
- Office Address: 3565 NE 163rd STREET
N. MIAMI BEACH, Florida, 33160
(Zip code)

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TALLAHASSEE FLORIDA

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.

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: MARK C. KRUSE

Address: 51 ELLSWORTH ROAD

LARCHMONT, NY 10538

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: MARK C. KRUSE

Address: 51 ELLSWORTH ROAD

LARCHMONT, NY 10538

Vice President: _____

Address: _____

Secretary: _____

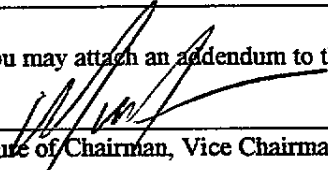
Address: _____

Treasurer: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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. MARK C. KRUSE, PRESIDENT
(Typed or printed name and capacity of person signing application)

State of New York } ss:
Department of State

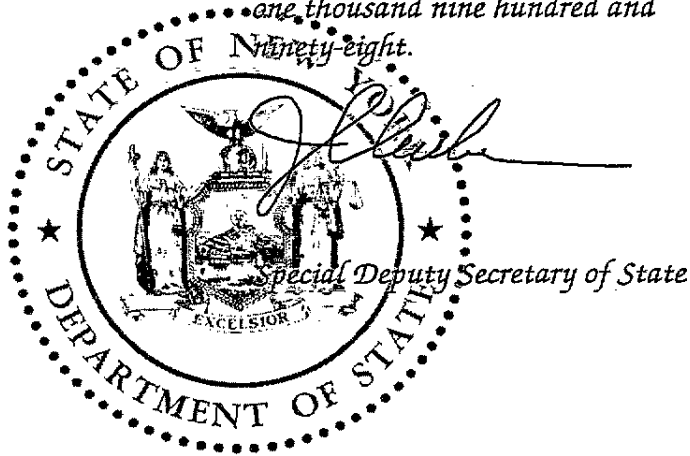
I hereby certify, that the certificate of incorporation of MAGELLAN HOME LOANS, LTD. was filed on 02/12/1998, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon 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, that no other certificates have been filed by such corporation.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 11th day of March

one thousand nine hundred and

Ninety-eight.



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TALLAHASSEE FLORIDA