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CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known):

Private Mortgage Investment Service

☐ Walk In

☐ Pick Up Time

☐ Mail Out

☐ Will Wait

☐ Photocopy

RUSH

☒ Certified Copy 3 each

☐ Certificate of Status

☐ Certificate of Good Standing

☐ ARTICLES ONLY

☐ ALL CHARTER DOCS

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

☐ Certificate of FICTITIOUS NAME

☐ FICTITIOUS NAME SEARCH

☐ CORP SEARCH

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAY -4 PM 1:08
RECEIVED
98 MAY -4 PM 12:10
DIVISION OF CORPORATION

Ordered By: _____

Date: _____

**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:***

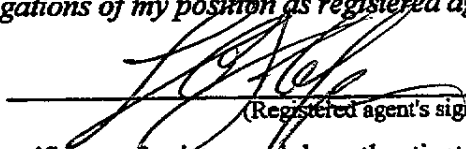
1. Private Mortgage Investment Services, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. New York
(State or country under the law of which it is incorporated)
3. 141772793
(FEI number, if applicable)
4. May 6, 1994
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. April 27, 1998
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. P.O. Box 588/154 Lake Avenue
Saratoga Springs, NY 12866
(Current mailing address)
8. See attached.
(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: Charles F. Cefalu, Jr.

Office Address: 850 Central Avenue, Suite 300
Naples, Florida, 34102
(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: Charles F. Cefalu, Jr.

Address: P.O. Box 588/154 Lake Avenue, Saratoga Springs, NY 12866

Vice Chairman: Sophie B. Cefalu

Address: P.O. Box 588/154 Lake Avenue, Saratoga Springs, NY 12866

Director: David P. Vanderzee

Address: P.O. Box 588/154 Lake Avenue
Saratoga Springs, NY 12866

Director: Francis Zilka

Address: P.O. Box 588/154 Lake Avenue
Saratoga Springs, NY 12866

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

President: Charles F. Cefalu, Jr.

Address: P.O. Box 588/154 Lake Avenue
Saratoga Springs, NY 12866

Vice President: _____

Address: _____

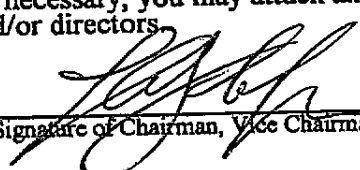
Secretary: Sophie B. Cefalu

Address: P.O. Box 588/154 Lake Avenue
Saratoga Springs, NY 12866

Treasurer: _____

Address: _____

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. Charles F. Cefalu, Jr.
(Typed or printed name and capacity of person signing application)

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ADDITIONAL DIRECTOR:

Director: Peter Matzen

Address: P.O. Box 588/154 Lake Avenue
Saratoga Springs, NY 12866

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

I hereby certify, that the certificate of incorporation of PRIVATE MORTGAGE INVESTMENT SERVICES, INC. was filed on 05/06/1994, 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:

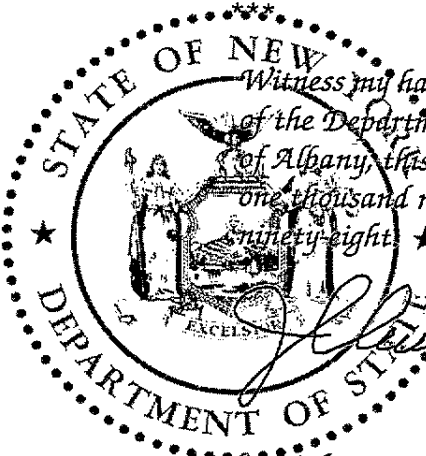
A Biennial Statement was filed 06/07/1996.

A Certificate of Amendment was filed on 03/28/1997.

A Certificate of Amendment was filed on 08/27/1997.

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 27th day of April
one thousand nine hundred and
ninety-eight.



Special Deputy Secretary of State

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