# F9860000 4488

SUBJECT:	WALL STREET FINANCIAL CORPORATION, A NEW JERSEY CORPORATION  (Name of corporation - must include suffix)
	(Name of corporation - must merade sums)
ear Sir or Ma	dam:
Certificate of ransact busine	
lease return a	ll correspondence concerning this matter to the following:
	AGNES DOLEGA-CLOSING DEPT. MANAGER
	(Name of Person)
	WALL STREET FINANCIAL CORPORATION 50002509826-
	(Firm/Company) *****131.25 ****13
	500 BLOOMETELD AVENUE,
	(Address)
	MONTCLAIR, NJ 07042
	(City/State/Zip)
Should you ne	ed to call someone concerning this matter, please call:
•	
10150 00	at (973 ) 744-4777 X 133
AGNES DO	(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

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SECRETARY OF STATE DIVISION OF CORPORATIONS

## 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.

I	WALL STREET FINANCIAL CORPORATION	
	(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.	3 INT ALLCADEL	
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	JUNE 8TH, 1988 5. PERPETUAL	
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6.	NO BUSINESS HAS BEEN TRANSACTED IN THE STATE OF FLORIDA VET.	
	(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
7.	500 Almon Cold Air	
		<del></del> . ·
	Montclail NJ 070U> (Current mailing address)	<u> </u>
	·	
8.	MORTGAGE BANKING	
Ο,	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
0		
7.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
	Name: TERESA BACALLAO	5
Of	ffice Address: 631 - E - 40th Street	SECR IVISION
	HIALEAH, Florida, 33013	ETARY OF CK
	/ (Zip code)	3240
10.		STA
7 T -	Registered agent's acceptance:	25
n i	wing been named as registered apont and to account service of	Ç)
	this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agr mply with the provisions of all statutes relative to the proper and complete performance of my duties, and I	ee to

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)		
, ,	TORS (Street address only - P.O. Box NOT acceptable) NOT APPLICABLE		
Chairman:			
Address: _			
_			
Vice Chair	nan:		
Address:			
	·		
Director:			
Address			
_			
Address: _			
B OFFI	CERS (Street address only - P.O. Box NOT acceptable)		
	VULLED MOCTAEA		
	21 OLD WOODS ROAD		
_	SADDLE RIVER, NEW JERSEY 07458		
_	VIII VIII VIII VIII VIII VIII VIII VII		
Vice President: NONE			
Address: _			
_			
Secretary:	CHRISTOPHER J. CARKHUFF, ESQ.		
Address: _	211 BENDERMERE AVENUE		
	INTERLAKEN, NEW JERSEY 07712		
Treasurer:	JOHN F. RAFFA		
Address:	227 WEST SADDLE RIVER ROAD		
Address	SADDLE RIVER, NEW JERSEY 07458		
<u>-</u>			
NOTE: I	f 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)		
1.4	KHALED MOSTAFA-PRESIDENT		

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



# STATE OF NEW JERSEY DEPARTMENT OF TREASURY LONG FORM STANDING WITH CHARTER DOCUMENTS

#### WALL STREET FINANCIAL CORPORATION

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on June 8, 1988.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Khaled Mostafa 500 Bloomfield Avenue Montclair, NJ 07042

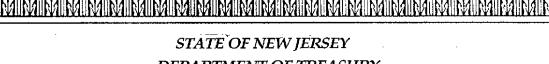
I further certify that as of the date of this certificate, the following amendments and changes are on file in this office:

Amendment

01/19/1993

Continued on next page . . .

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# STATE OF NEW JERSEY DEPARTMENT OF TREASURY LONG FORM STANDING WITH CHARTER DOCUMENTS

WALL STREET FINANCIAL CORPORATION



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this

mer le Di Efectario

- 24th day of July, 1998

James A DiEleuterio, Jr. Treasurer

Continued on next page . . .