

# F98000005430

## TRANSMITTAL LETTER

September 24, 1998

TO: Qualification/Tax Lien Section  
Division of Corporations

000002650050--4  
-09/28/98--01083--002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: IBF Mortgage Corp.  
(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:

Kim S. Velk, Esq.

(Name of Person)

Sutherland & Collins, Inc.

(Firm/Company)

P.O. Box 1623

(Address)

Burlington, VT 05402-1623

(City/State/Zip)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Kim S. Velk  
(Name of Person)

at ( 802 ) 862-3524  
(Area Code & Daytime Telephone Number)

### COURIER ADDRESS:

Qualification/Tax Lien Sec.  
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. IBF Mortgage 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. Vermont 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 30, 1997 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 54A North Main Street  
St. Albans, Vermont 05478  
(Current mailing address)

8. To broker and finance the purchase and refinance of real and personal property; to act as broker, agent or principal and on commission or otherwise, respecting the finance, purchase or refinance of real or personal property and to engage in any other lawful business.  
(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 acceptable)

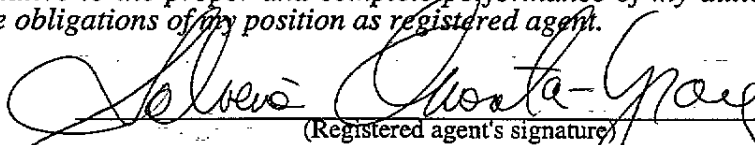
Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324  
(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)

SALVINA AMENTA-GRAY  
SPECIAL ASSISTANT SECRETARY

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: Annette Mongeon

Address: 54A North Main Street  
St. Albans, VT 05478

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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

President: Robert Hanson

Address: 54A North Main Street  
St. Albans, VT 05478

Vice President: Annette Mongeon

Address: 54A North Main Street  
St Albans, VT 05478

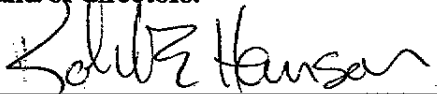
Secretary: John J. Collins

Address: P.O. Box 1623; 308 Main Street  
Burlington, VT 05402-1623

Treasurer: Annette Mongeon

Address: 54A North Main Street  
St. Albans, VT 05478

**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. Bob Hanson, President  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



STATE OF VERMONT  
OFFICE OF SECRETARY OF STATE

*Certificate of Good Standing*

*I, James F. Milne, Secretary of State of the State of Vermont, do hereby certify that according to the records of this office*

**IBF MORTGAGE CORP.**

*a corporation formed under the laws of the State of Vermont*

*was filed for record in this office on October 30, 1997*

*I further certify that the corporation has perpetual duration, that its most recent annual report is on file, and that articles of dissolution have not been filed.*

July 24, 1998

*Given under my hand and the seal  
of the State of Vermont, at  
Montpelier, the State Capital*

*James F. Milne*

James F. Milne  
Secretary of State



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TALLAHASSEE, FLORIDA