## F9900000372

| CT Corporation Sy                             | rstem                      |   |  |  |  |  |
|---|----------------------------|---|--|--|--|--|
| Requestor's Name<br>660 East <b>T</b> efferso | on Street                  | ي المن المنار المنار المنار على المناد المنازجينين المنار المنار المنار المنار المنار المنار المنار |  |  |  |  |
| Address<br>Tallahassee, FL 32310 222-1092     |                            | 1000027480911<br>-01/20/9901077007<br>*****70.00 ******70.00  |  |  |  |  |
| City State Zi                                 | p Phone                    | 1   |  |  |  |  |
| CORPO   | RATION(S) NAME             |   |  |  |  |  |
|   |                            | <u> </u>  |  |  |  |  |
|   |                            |   |  |  |  |  |
|   |                            | 2 2 7   |  |  |  |  |
| SIB MUTTO                                     | ige Corp.                  |   |  |  |  |  |
|   | 3                          | 25 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5  |  |  |  |  |
| <b>★</b> Profit                               |                            |   |  |  |  |  |
| () NonProfit                                  | () Amendm                  |   |  |  |  |  |
| √ Foreign                                     | () Dissolution             | on/Withdrawal () Limited Liability Company  |  |  |  |  |
| () Limited Partnership                        | () Annual R                |   |  |  |  |  |
| () Reinstatement<br>() Fictitious Name        | ()Name Regi<br>()UCC-1 Fiz | stration () Change of R.A. hancing Statement() UCC=3 Filing   |  |  |  |  |
| () Certified Copy                             | () Photo Co                |   |  |  |  |  |
| () Call When Ready                            | (X) Call if Pro            |   |  |  |  |  |
| (x) Walk In<br>() Mail Out                    | () Will Wait               | (X) Pick Up   |  |  |  |  |
|   | ·                          |   |  |  |  |  |
| Name<br>Availability                          | Please Return Extra        | Copies  |  |  |  |  |
| Document<br>Examiner                          | File Stamped. Than         | k You!!   |  |  |  |  |
| Updater                                       | · ··                       | AL JAN 2 0 1999,  |  |  |  |  |
| Verifier                                      | 1                          | POLITAROGRADO TO NOIZIVIO   |  |  |  |  |
| Acknowledgment                                | Hope                       | OGNAL PR  |  |  |  |  |
| W.P. Verifler                                 | -                          | RECEIVED  |  |  |  |  |
| WY.F. Vermer                                  | 1                          |   |  |  |  |  |

CR2E031 (1-89)

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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.

| SIB Mortgag  | je Corp.   |                          |   | - <u></u>              |  |
|--|--|--------------------------|---|------------------------|--|
| words or abbreviations   | must include the word "INCORPO<br>of like import in language as will<br>ership if not so contained in the na   | clearly in               | dicate that it is a co                          | CORPORATION Inste      | )N", or<br>ad of a                     |
| New Jersey   |  | 3                        | 13-4027208                                      |                        |  |
|  | the law of which it is incorporate   | <u>d)</u>                | 13-4027208<br>(FEI num                          | ber, if applicab       | le)                                    |
| October 1,   | 1998   | Per                      | petual  | <br>                   |  |
| (Date of inco  |  | Duration                 | Year corp. will ce                              | ase to exist or "      | perpetual")                            |
|  | . 11/20/98   |                          |   | <del></del> -          |  |
| (Date first transac  | cted business in Florida. (SEE SEC   | CTIONS                   | 507.1501, 607.1502                              | 2, and 817.155,        | F.S.)                                  |
| 71250 Route  | 28, Branchburg, NJ 0   | 8876                     |   | <u> </u>               |  |
|  |  |                          |   |                        |  |
|  | (Current   | mailing a                | ddress)   |                        |  |
| g Mortgage Ba  | inking   |                          |   | <u></u>                |  |
| (Purpose(s) of co  | orporation authorized in home state  | e or coun                | try to be carried ou                            | t in the state of      | Florida)                               |
| 9. Name and street addr  | ress of Florida registered agent   | : (P.O. E                | ox or Mail Drop I                               | Box NOT acce           |  |
| Name: <u>CTC</u>   | PRPORATION SYSTEM  |                          |   | SECR                   | <b>J L 2</b>                           |
| Office Address: 1200 s   | South Pine Island Road   | _                        |   | HASE.                  | A 7                                    |
| Planta   | tion   | _ , Florid               |   | = SEE of               | R II                                   |
| 10. Registered agent acc   | ceptance:  |                          | (Zip code)                                      | FLORIE<br>RIM          | <del>-</del> <del>-</del> <del>-</del> |
| in this application. I hereb<br>comply with the provisions                             | ristered agent and to accept service of a service of a second the appointment as registe so fall statutes relative to the proper of my position as registered agent. | red agent                | and agree to act in t                           | this capacity. I j     | further agree to                       |
| ана иссері іне обиданон б  | C T CORPORATION  | SYSTEM                   | Comie Bru-                                      | <del></del>            |  |
|  | (Registered agent's sig  | nature)                  | CONNIE BRYA                                     | A B CATT ME EX MENTERS | s prod č                               |
| 11. Attached is a certificate Department of State, by the of which it is incorporated. | e of existence duly authenticated, no<br>e Secretary of State or other official l  | t more tha<br>having cus | n 90 days prior to de<br>stody of corporate rec | cords in the juris     | dication to the                        |

2. 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)                            | <del></del> -  | -                                     |
|---|----------------|---------------------------------------|
| Chairman: David B. Gardner  | ·              | -                                     |
| Address: 20 Park Place, Short Hills, NJ 07078   | =              |                                       |
| Vice Chairman: Richard W. Payne, III  |                |                                       |
| 3 Sugar Maple Row, Chester, NJ07930   |                |                                       |
|   |                | •                                     |
| Director: Harry P. Doherty  |                |                                       |
| Address: 86 Merrick Avenue, Staten Island, NY 10304                                     | - <u></u> -    |                                       |
| Director: James R. Coyle  | ·····          | · · · · · · · · · · · · · · · · · · · |
| Address:  |                |                                       |
| President: Richard W. Payne, III Address: 3 Sugar Maple Row, Chester, NJ 07930          |                |                                       |
| Vice President. Ralph Picarillo   | <del>-</del>   |                                       |
| 1 100110110.  |                |                                       |
| Address: 105 Bond Street, Bridgewater, NJ 08807   | TALLAH         | 99 J                                  |
| Secretary: Patricia J. Villani  | ASS            | N                                     |
| Address: 15 Beach Street, Staten Island, NY 10304                                       | <u></u>        |                                       |
| Treasurer: Ralph Picarillo  | OR DA          |                                       |
| Address: 105 Bond Street, Bridgewater, NJ 08807   | <del>-</del>   | -                                     |
| NOTE: If necessary, you may attach an addendum to the application listing additional of | fficers and/or | directors.                            |
| 3. (Signature of Chairman, Vice Chairman, or any officer listed in number               | 12 of the ann  | lication)                             |

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

Addendum of Directors/Officers of SIB Mortgage Corp. d/b/a Ivy Mortgage

Directors:

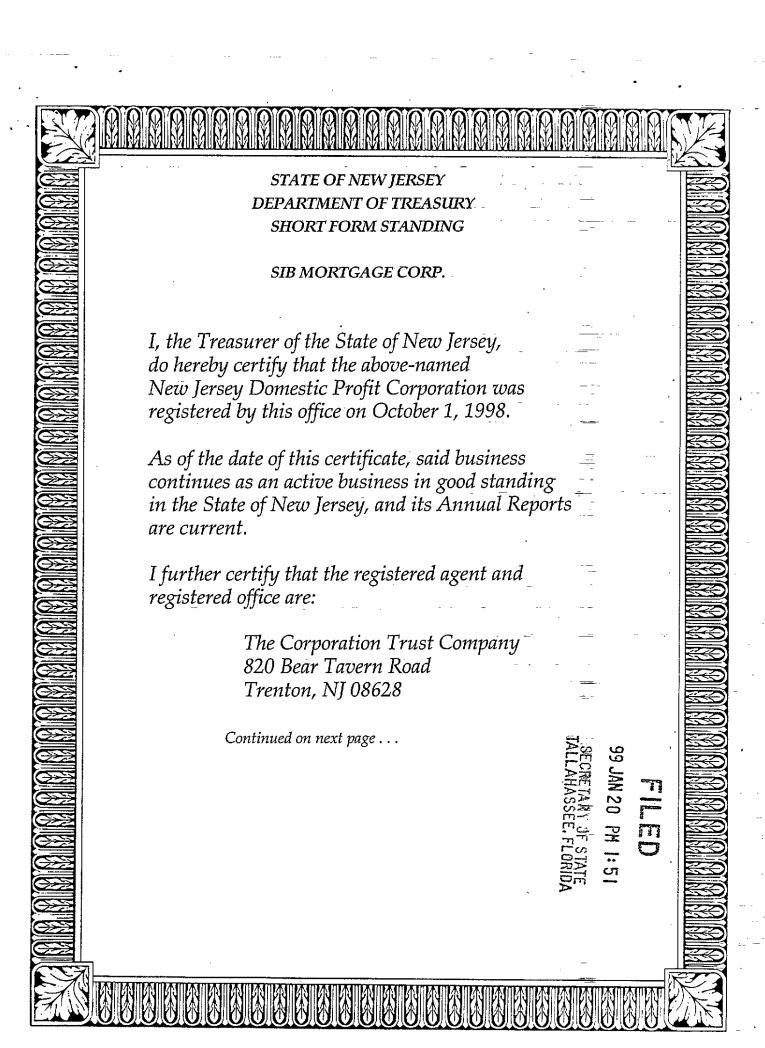
John P. Brady 238 Ashworth Avenue Staten Island, NY 10304

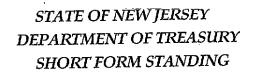
Officers:

Michael Kolbrener 41 Pierson Drive Belle Mead, NJ 08502

Paul Heckman 77 West Shore Trail Sparta, NJ 07873

SECRELARY OF STATE





SIB MORTGAGE CORP.



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

at Trenton, this 8th day of January, 1999

Jones le Di Glantonis J.

James A DiEleuterio, Jr.
Treasurer

99 JAN 20 PM 1:51 SECRETARY OF STATE