

Superior Mortgage Corporation  
1395 Route 539  
Tuckerton, NJ 08087  
Phone (609) 294-0006 ext. 233  
Fax (609) 294-9554

F 99000001264

March 3, 1999

Florida Department of State  
Att: Jennifer Sindt  
409 Gaines St.  
Tallahassee, FL 32399

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-01/11/99--01092--001  
\*\*\*\*\*87.50 \*\*\*\*\*43.75

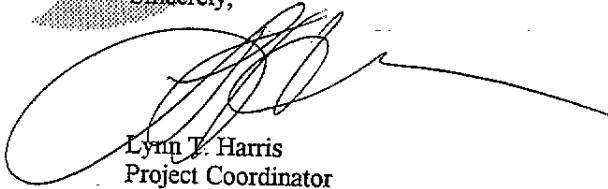
Dear Jennifer:

As we discussed on the phone, enclosed please find a completed "Application by a Foreign Corporation for Authority to Transact Business" form.

Previously we sent our fee; Certificate of Good standing and our Resolution form and the enclosed should complete your requirements.

If you have any questions regarding this matter, please feel free to contact me at (609) 294-2854 ext. 233.

Sincerely,

  
Lynn T. Harris  
Project Coordinator

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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OUR SUCCESS IS BUILT ON SERVICE!!!

**RESOLUTION OF BOARD OF DIRECTORS**

(Please print or type)

I, the undersigned Stephen M. Cors, do hereby certify  
(Name)

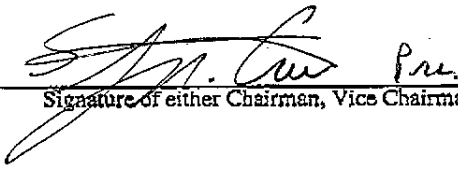
that this Resolution of the Board of Directors of Superior Mortgage Corporation  
(Corporate Name)

a corporation duly organized and existing under the laws of the State of New Jersey,  
was duly adopted on January 5, 19 99.

Be it resolved, that Superior Mortgage Corporation,  
(Corporate Name)

organized and existing in the State of New Jersey, hereby adopts the name  
Superior Home Mortgage Corporation for use in Florida.

Dated: 1/5/99

  
Signature of either Chairman, Vice Chairman or any officer  
Stephen M. Cors, President  
Type or print name

**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. Superior 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. New Jersey  
(State or country under the law of which it is incorporated)
3. \_\_\_\_\_  
(FEI number, if applicable)
4. 1986  
(Date of incorporation)
5. perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. None  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1395 Route 539 PO Box 188  
Tuckerton, NJ 08087  
(Current mailing address)
8. Mortgage Banker/Lender  
(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: Richard Eric Wolff  
Office Address: 3509 Foxcroft Circle  
Oviedo, \_\_\_\_\_, Florida, 32765  
(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.*

Richard Eric Wolff  
(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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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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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: None

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

President: Stephen M. Cors

Address: 1395 Route 539

Tuckerton, NJ 08087

Vice President: \_\_\_\_\_

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

\_\_\_\_\_

Secretary: \_\_\_\_\_

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

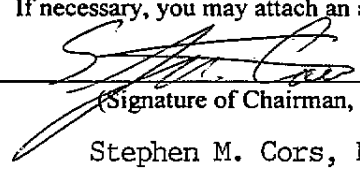
\_\_\_\_\_

Treasurer: \_\_\_\_\_

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

\_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

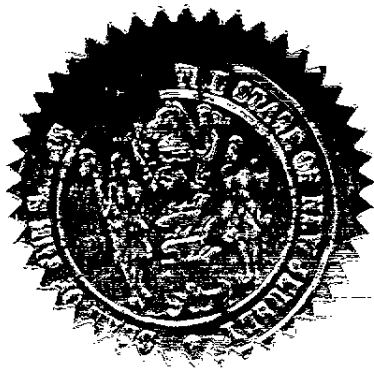
13.  Pres.  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Stephen M. Cors, President

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

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

SUPERIOR MORTGAGE CORP.  
With the Previous or Alternate Name  
CHOICEONE MORTGAGE



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
7th day of January, 1999

*James A. DiEleuterio, Jr.*

James A DiEleuterio, Jr.  
Treasurer

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

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With the Previous or Alternate Name  
CHOICEONE MORTGAGE

*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 January 9, 1986.*

*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:*

Stephen M Cors  
1395 Route 539 Ste. A  
P.O. Box 188  
Tuckerton, NJ 08087

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