M1200001333

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(======================================
(Document Number)
(Cooling of the Cooling of the Cooli
Certified Copies Certificates of Status
Certified Copies
Special Instructions to Filing Officer:

Office Use Only



900416566139

2023 OCT 11 PM12: 4

SECRETARY OF STATE DIVISION OF CORPORATIONS

RECEIVED
2023 OCT 11 AMIL: 13

R HUNT 10/11/23 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 060310-AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: October 10, 2023 ORDER TIME : 8:06 AM ORDER NO. : 060310-005 CUSTOMER NO: 8037943 FOREIGN FILINGS NAME: SIGNATURE FINANCIAL LLC CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY XXXX AMENDMENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

COVER LETTER

то;		ration Section on of Corporations				
SUBJI	ECT: S	ilgnature Financial LLC				
	-	Name of Fore	ign Limited L	iability Co	ompany	
Dear S	ir or Ma	đam:				
The en	closed a	pplication, certificate and fee(s	s) are submitte	ed for filin	ig.	
Please	return a	Il correspondence concerning t	his matter to t	he follow	ing:	
		Name of Person				
·						
		. Firm/Company				
						2023
		Address				1 130
						- CON
		City/State and Zip Coo	le	-		2023 OCT 11 PM 12: 40
E-ma	il addre	ss: (to be used for future annua	report notifi	cation)		0 5
For furt	her info	rmation concerning this matter	, please call:			
			_ at ()	·	
	•	Name of Person	Area Co	de & Dayi	time Telephone Number	
		Address: ation Section		Street A		
	Division of Corporations			Registration Section Division of Corporations		
	P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclose	d is a check for the following	amount:			
	iling Fc		□ \$55 Filin Certified	-	\$60 Filing Fee, Certificate of Status &	
าอวเกรร	(0/15)				Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	s on the records of the Florida Department of		
State: SIGNATURE FINANCIAL AND LEASI	•		
Enter new principal office address, if applicable:	102 Duffy Avenue		
(Principal office address MUST BE A STREET ADDRESS)	Hicksville, NY 11801		
Enter new mailing address, if applicable:	102 Duffy Avenue		
(Mailing address MAY BR A POST OFFICE BOX)	Hicksville, NY 11801		
2. The Florida document number of this limited lia	bility company is: M12000001333		
3. Jurisdiction of its organization: New York			
4. Date authorized to do business in Florida: 03/0			
SECTION II (5-9 complete only the applicable of	·		
5. New name of the limited liability company: Fli	agstar Financial & Leasing, LLC		
(must	contain "Limited Liability Company, " "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	for the purpose of transacting business in Florida and attach a raging members adopting the alternate name. The alternate name." or "LLC.")		
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	d officer address on our records, enter the name of the new dress here;		
Name of New Registered Agent; n/a			
New Registered Office Address:			
	Enter Florida Street Address		
	, Florida		
ne provisions of all stanties relative to the proper a and accept the obligations of my position as registe.	t and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with red agent as provided for in Chapter 605, F.S. Or, if this is the registered office address. I bereby confirm that the limited		

If Changing Registered Agent, Signature of New Registered Agent

If the amendment of see attached	nanges person, title or capacity in ac	cordance with 605.0902 (1)(e), indicate that	t change:
itle/ Capacity	Name	Address	Type of Action
			□Add
			□Remove
			DAdd
			□Remove
			□Add
•			Remove 2:
			□Add
			□Remove
	- <u>-</u> -		CJAdd
aforementioned amo	e law of which this entity is organi	he official having custody of records in the	□Remove
	Waller Rabin		

Filing Fee: \$25.00

Flagstar Financial & Leasing LLC

Board of Managers

Name	Address	Action	
Eric Howell	1400 Broadway New York, NY 10018	Add	
Walter Rabin	102 Duffy Avenue Hicksville, NY 11801	Add	
Thomas Kasulka	1400 Broadway New York, NY 10018	Add	
Seth Stern	1400 Broadway New York, NY 10018	Add	DIVISION C
Joseph Fantauzzi	102 Duffy Avenue Hicksville, NY 11801	Add	ARTY CON
Anthony Perettine	102 Duffy Avenue Hicksville, NY 11801	Add	OF STATE PORALIES

Officers

Name	Title	Address	Action
Walter Rabin	Manager, President and CEO	102 Duffy Avenue Hicksville, NY 11801	Add
Steve Ratner	Manager and Executive Vice President	102 Duffy Avenue Hicksville, NY 11801	Add
Joseph Fantauzzi	Manager and Executive Vice President	102 Duffy Avenue Hicksville, NY 11801	Add

Anthony Perettine	Manager and Executive Vice President	102 Duffy Avenue Hicksville, NY 11801	Add
Richard Kurz	Manager and Executive Vice President	102 Duffy Avenue Hicksville, NY 11801	Add
Robert Campbell	Manager and Senior Vice President	102 Duffy Avenue Hicksville, NY 11801	Add
Richard Pelcher	Manager and Vice President	102 Duffy Avenue Hicksville, NY 11801	Add
Regina Riley	Manager and Vice President	102 Duffy Avenue Hicksville, NY 11801	Add
Jonathan Roberts	Manager and Treasurer	1400 Broadway New York, NY 10018	Add 🕶 🖸
Laura K. Coleman	Manager and Secretary	102 Duffy Avenue Hicksville, NY 11801	NOSIGNETA PORTINICATION OF PORTINICAL PROPERTY
Annmarie Mayhan	Manager and Assistant Secretary	1400 Broadway New York, NY 10018	FILLU FOR CORPORATI T 1 d PH 12: 1
Signature Bank	Member	565 5 th Avenue New York, NY 11017	Reffiove 5
Flagstar Bank, N.A.	Member	102 Duffy Avenue Hicksville, NY 11801	Add

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

FLAGSTAR FINANCIAL & LEASING, LLC

DOS ID Number:

4205912

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Entity Status:

EXISTING

Date of Initial Filing with DOS:

02/22/2012

Statement Status:

CURRENT

Statement Due Date:

02/29/2024

23 GCT | | PM | 2: 40

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:

ARTICLES OF ORGANIZATION

Date of Filing:

02/22/2012

Entity Name:

SIGNATURE FINANCIAL LLC

Document Type:

CERTIFICATE OF PUBLICATION

Date of Filing:

06/20/2012

Document Type:

CERTIFICATE OF CHANGE

Date of Filing:

02/27/2013

Document Type:

CERTIFICATE OF CHANGE

Date of Filing:

08/19/2013

Page 1 of 3

Document Type: BIENNIAL STATEMENT Date of Filing: 02/07/2014 **Effective Date:** 02/01/2014 **Document Type: BIENNIAL STATEMENT** Date of Filing: 02/04/2016 **Effective Date:** 02/01/2016 **Document Type: BIENNIAL STATEMENT** Date of Filing: 02/02/2018 Effective Date: 02/01/2018 **Document Type: BIENNIAL STATEMENT** Date of Filing: 02/05/2020 **Effective Date:** 02/01/2020 **Document Type: BIENNIAL STATEMENT** Date of Filing: 02/02/2022 **Document Type:** CERTIFICATE OF AMENDMENT

Date of Filing: 05/26/2023

Name Changed To: FLAGSTAR FINANCIAL & LEASING, LLC

DIVISION OF CORPORATION

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on July 26, 2023 at 03:03 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Heyles

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100004010654 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov