

F04000006608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

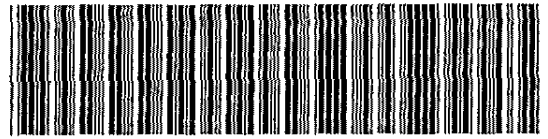
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



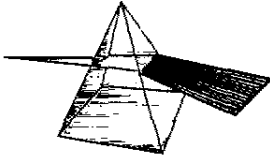
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TALLAHASSEE, FLORIDA

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PRISMA MORTGAGE CORPORATION, INC.

November 8, 2004

Registration Section
Division of Corporation
409 E Gaines Street
Tallahassee, FL 32399

Re: Registration for Corporation

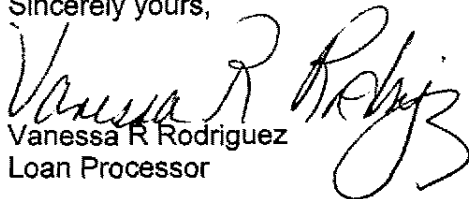
Please find enclosed the following documents:

- Original Transmittal Letter
- Application by Foreign Corporation in Florida
- Certification of Status

Also find enclosed the check # 2182 for the amount of \$ 87.50 to cover your fees.

If you have any question please contact our office.

Sincerely yours,


Vanessa R Rodriguez
Loan Processor

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRISMA MORTGAGE CORPORATION, INC
(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:

CARLOS A. MACHADO
(Name of Person)

PRISMA MORTGAGE CORPORATION, INC
(Firm/Company)

55 CARTER DRIVE SUITE 209
(Address)

EDISON, NJ 08817-2066
(City/State and Zip code)

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For further information concerning this matter, please call:

CARLOS A. MACHADO at (732) 819-7800
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. PRISMA MORTGAGE CORPORATION, INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

PRISMA MORTGAGE COMPANY
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW JERSEY 3. 22-3447259
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JUN 11 1996 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 55 CARTER DRIVE SUITE 209 EDISON, NJ 08817-2066
(Principal office address)

55 CARTER DRIVE, SUITE 209, EDISON, NJ 08817-2066
(Current mailing address)

8. ORIGINATE RESIDENTIAL MORTGAGE
(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 NOT acceptable)

Name: EDID GONZALEZ

Office Address: 8411 LAGOS DE CAMPO BLVD U-101

TAMARAC, Florida 33321
(City) (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)

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 business addresses of officers and/or directors:

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TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: 33321

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: CARLOS A. MACHADO

Address: 5 RED BARN LANE, FLEMINGTON, NJ 08822

Vice President: _____

Address: _____

Secretary: SANDRA J. MACHADO

Address: 5 RED BARN LANE, FLEMINGTON, NJ 08822

Treasurer: _____

Address: _____

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TALLAHASSEE FLORIDA

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

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. CARLOS A. MACHADO

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

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

PRISMA MORTGAGE CORPORATION, INC.
0100668670

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 11, 1996.

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:

Machado Carlos A
44 Ctrawberry Hill Road
Branchburg, NJ 08876

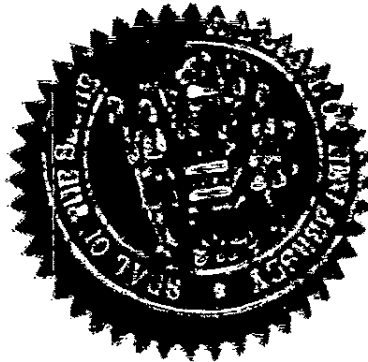
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TALLAHASSEE, FLORIDA

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

PRISMA MORTGAGE CORPORATION, INC.

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
4th day of November, 2004



A handwritten signature in cursive script, appearing to read "John E. McCormac".

John E. McCormac, CPA
State Treasurer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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