

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name

: A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247

: (800)494-3124

Phone

Fax Number

: (305)675-2811

FOREIGN PROFIT QUALIFICATIQ

COLONIAL MORTGAGE CORPORATION OF

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Florida Dept of State



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 7, 2005

COLONIAL MORTGAGE CORPORATION 34 WEST MAIN ST., S UITE 350 SOMERVILLE, NJ 08876

SUBJECT: COLONIAL MOREGAGE CORPORATION OF NJ

REF: N05000011490

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must either use our current form or submit a resolution from the Board of Directors adopting the doing business as name for Florida.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing Document Specialist FAX Aud. #: R05000054793 Letter Number: 005A00015487

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IVISION OF CORPORATION

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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. COLONIAL MO	ORTGAGE CORPORATION		
(Enter name of c	corporation; must include "INCORPORAT corp," "Inc," "Co," or "Corp.")	ŒD	" "COMPANY," "CORPORATION,"
COLONIAL M	ORTGAGE CORPORATION OF NJ		
(If name unavail	lable in Florida, enter alternate corporate n	ame	adopted for the purpose of transacting business in Florida)
2. NEW JERSEY	•	3	03-045-3293
	under the law of which it is incorporated)		(FEI number, if applicable)
4.	05/17/02	5	PERPETUAL
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALI	FICATION		
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)
7, 34 WEST MAIN	N ST. SUITE 350 SOMERVILLE, NJ 0	887	76
	(Principal office	≛dd	ress)
34 WEST MAIN	N ST. SUITE 350 SOMERVILLE, NJ. (0887	· '6
	(Current mailing		
8. MORTGAGE			
(Purpose(s) of corporation authorized in home state	or c	ountry to be carried out in state of Florida)
9. Name and stre	et address of Florida registered agent:	(P.C	D. Box NOT acceptable)
Name:	A1A REGISTERED AGENT INC.		
Office Address:	92 SADBERRY RD.		
	QUINCY		Florida 32351
	(City)		(Zip code)
10. Registered a	gent's acceptance:		
		ervi	ce of process for the above stated corporation at the place
designated in this	application, I hereby accept the appo	inti	nent as registered agent and agree to act in this Espacity. I
juriner agree to c and I am familia	romply with the provisions of all status or with and accept the obligations of m	es r	elative to the proper and complete performance of my duties
——————————————————————————————————————	Partinets Pau (Registered agent's signat		m sth ViP.

- 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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A. DIRECTORS	
Chairman: CLINT JOHNSON	
Address: 34 WEST MAIN ST. SUITE 350	
SOMERVILLE, NJ 08876	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: CLINT JOHNSON	
Address: 34 WEST MAIN ST. SUITE 350	
SOMERVILLE, NJ 08876	
Vice President:	
Address:	
	2 TAL
	CC US
Secretary:	AFE TA
Address:	m ≺ ∞ <u>-</u>
Treasurer:	
Address:	<u> </u>
NOTE: If necessary, you may attach an addendum to the application listing addition	al officers and/or directors
4.	we are and at All Angles
(Signature of Director or Officer listed in number 12 of the app	plication)
14. CLINT JOHNSON, PRESIDENT	
(Typed or printed name and capacity of person signing appli	cation)

STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

COLONIAL MORTGAGE CORPORATION 0100879444

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 May 17, 2002.

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:

Clint Johnson 67 Amber Place Bernardsville, NJ 07924 2527

Continued on next page . . .

SECRETARY OF STATE

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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

COLONIAL MORTGAGE CORPORATION

IN TESTIMONY WHEREOF, I have

hereunto set my hand and affixed my Official Seal at Trenton, this 17th day of November, 2004

Jherreman

John E McCormac, CPA State Treasurer

SECRETARY OF STATE

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