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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Stangale Mortage Associates Trac. (Name of composition - 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:	
Scott Hormann (Name of Person)	
St. 1 14.1 L. T.	
Stangale Mortaceo tasociales Tric (Firm/Company)	
385 West Storet (Address)	
West Billowite MA 02379	
West Brilgeweter, MA 02379 ME 7	
ORIGINAL 23	
For further information concerning this matter, please call:	
(Name of Person) at (508) 586-7700 (Area Code & Daytime Telephone Number)	
(Name of Ferson) (Alea Code & Daytime Telephone Namoer)	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section Division of Corporations Division of Corporations	
Clifton Building P.O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
S70.00 Filing Fee S78.75 Filing Fee S78.75 Filing Fee S87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy Certified Copy	



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 15, 2005

SCOTT HOFMANN STONEGATE MORTGAGE ASSOCIATES, INC. 385 WEST STREET WEST BRIDGEWATER, MA 02379

SUBJECT: STONEGATE MORTGAGE ASSOCIATES, INC.

Ref. Number: W05000051112

We have received your document for STONEGATE MORTGAGE ASSOCIATES, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 705A00067677

Joey Bryan Document Specialist PINS NON 28 PM 2: 23
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To whom it may concern:

Enclosed is our Certificate of Good Standing with the State of Massachusetts. Per my discussion earlier today, this is all the State of Florida needs in order to process the paperwork so that we exist.

If you have any questions, please do not hesitate to contact Scott Hofmann at 508-586-7700.

Sincerely.

Scott Hofmann

Owner





. APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE	WITH SECTION 607.1 EIGN CORPORATION	503, FLORIDA STATE	UTES, THE FOLI INESS IN THE ST	LOWING IS SUBMIT TATE OF FLORIDA.	TED TO
0.1		<i>j</i> 1			
(Enter name of eq "Inc.," "Co.," "Co	rporation; must include ("p," "Inc," "Co," or "Cort	NCORPORATED," "C l.")	COMPANY," "CO	RPORATION," ?	FILE 28 PM 2: 23
			•		TSSE THE
(If name unavailal	ole in Florida, enter altern	nate corporate name ador	oted for the purpose	of transacting busines	s in Florida)
2. Massacher	nder the law of which it i	3	20-28	85236	360
			-	umber, if applicable)	75
4. April 2	of incorporation)	5		Porpetue)	
(Date of	of incorporation)	(D	uration: Year corp	. will cease to exist or	*perpetual")
6		Upon Qu			
		ransacted business in Flo 3 607.1501 & 607.1502,			
7 385	West Street	t West Boil	lapureber,	MA 02379	-
		rincipal office address,	,		
385	West Street	West Bris Current mailing address	ewater , t	14 <u>0</u> 3379	 _
8. (Purpose(s)	of corporation authorize	d in home state or country	ry to be consider out	in state of Florida)	
9. Name and street	address of Florida reg	istered agent: (P.O. B	ox NOT acceptal	ble)	
Name:	Jasan 4	Lacerte		<u>.</u>	. : . ±.
Office Address:		ian Place			, <u> </u>
	Wester Class	el	Elorida 3	3543	
	Wisies Chip	ity)	, 1 lollda (Zip	code)	
10 10 17	4.				
10. Registered ag	ent's acceptance: ed as registered agent i	and to accept service o	of process for the	above stated corpore	ation at the place
designated in this	application, I hereby a	ccept the appointmen	t as registered ag	ent and agree to act	in this capacity. I
	mply with the provision with and accept the ob-				mance of my aunes,
		0			
	Dasa	Lacerte		-	
	(Registere	ed 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:

A. DIRECTORS
Chairman: Thumas Quana
Address: 385 West Street
West Brilgewiter, MA 02379
Vice Chairman: Pyca Mulhallan
Address: 173 Queen City Avenue
Manchester, NH 03103
Director: Scott Hornen
Address: 386 West Street
West Brilgouse, MA 02379
Director:
Address:
B. OFFICERS
President: Thanas Quana
Address: 385 West Street
West Brilyewsker , 41 02379
Vice President: Ryan Mulholland
Address: 173 Queen City Avenue
Marches ter, NH 03103
Secretary: Scott Horman
Address: 385 West Street West Brilgeweler, M 02379
Treasurer: Scott Horman
Address: 385 West Street West Balganb- 111A 02379
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)
(Typed or printed name and capacity of person signing application)



The Commonwealth of Massachusetts Secretary of the Commonwealth State Rouse, Boston, Massachusetts 02188

William Francis Galvin Secretary of the Commonwealth

November 8, 2005

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

STONEGATE MORTGAGE ASSOCIATES, INC.

is a domestic corporation organized on May 3, 2005, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

William Menin Gallerin Secretary of the Commonwealth

Processed By: MT