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



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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|--------|--|
| SUBJECT: CALL MONTGAGE CONDONATION | | |
| (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: | | |
| MICHAEL WACHTEK | | |
| (Name of Person) | 1 | |
| CALL MOKTGAGE COKPORATION | i - | |
| 2172 MALDAGE BLVA STITE J | 7 | |
| HOLMES PA 19043 | | |
| (City/State and Zip code) | | |
| For further information concerning this matter, please call: | | |
| MICHAEL WACNTEK at 610 970-2700 (Name of Person) (Area Code & Daytime Telephone Number) | | |
| (Name of Person) (Area Code & Daytime Telephone Number) | | |
| | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 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 & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy S87.50 Filing Fee, Certificate of Status & Certified Copy | | |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITT REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. CALI MORTGAGE CORPORATION (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. PENNSYCVANIA
(State or country under the law of which it is incorporated)
4. 9,14.01
(Date of incorporation)

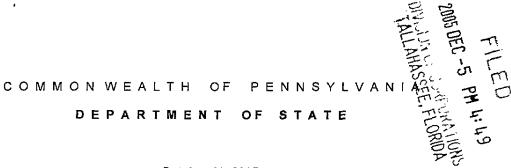
5. MA
(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 2173 MACDADE BLVD, SVITE J, HOLMES, PA, 19043
(Principal office address)

2173 MACOADE BLVD, SVITE J, NOLMES, PA, 19043
(Current mailing address) MORTGAGE COMPANY (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) EDITH - CONSOLE H. WACHTER Name: 992 SOUTH EAST THORNHILL DRIVE Office Address: PT. ST. LVCIE , Florida 34983 (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.

- 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 | ~3 a |
|---|---------------------------------------|
| Chairman: | |
| Address: | 月九 |
| | 5 5 |
| Vice Chairman: | 能量可 |
| Address: | FLOOR F |
| | 10 P |
| Director: | · · · · · · · · · · · · · · · · · · · |
| Address: | |
| | |
| Director: | |
| Address: | |
| Address. | |
| B. OFFICERS | |
| President: MICHAEL WACHTER | |
| Address: 106 MULLEN DILIVE | <u> </u> |
| SICKLEKVILLE NJ 08081 | |
| Vice President: ROBERT KNITTEL | |
| Address: 51 WOODLAKK DILIVE | |
| MT LAUREL NT 08054 | |
| Secretary: | |
| Address: | |
| Treasurer: | |
| Address: | |
| | |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/o | r directors. |
| 13. (Signature of Director of Officer listed in number 12 of the application) | |
| MAINHAR INDOUTED DARE NET | |
| (Typed or printed name and capacity of person signing application) | |



October 18, 2005

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY, That from an examination of the indices and records of this department, it appears that CALI MORTGAGE CORPORATION, incorporated September 14, 2001, is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth