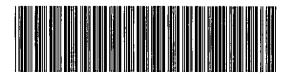
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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Add	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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13 JAN 15 PH 1: 15
SECRETARY OF STATE
TALLAHMSSEE, TLOWER,

**L Burch** JAN 1 6 2013

### **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: Capital Funding Mort	gage Associates	Inc.
	tion - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact bu	Standing" and check are sub-	
Please return all correspondence concerning this ma	atter to the following:	
John F Madden		
Name	e of Person	
Capital Funding Mortgage Ass	sociates Inc.	
Firm/C	Company	
A	ddress	
12 Penns Trail Newtown PA	18940	
City/Sta	te and Zip code	
johnfmadden@capitalfundingmor	<del>-</del> -	*.
E-mail address: (to be us	sed for future annual report n	otification)
For further information concerning this matter, plea	ase call:	
John Madden 267	7 756 7010	
	rea Code & Daytime Telepho	one Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING AI New Filing Sec Division of Co P.O. Box 6327 Taliahassee, FI	ction rporations
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



January 8, 2013

JOHN F MADDEN 12 PENNS TRAIL NEWTOWN, PA 18940

SUBJECT: CAPITAL FUNDING MORTGAGE ASSOCIATES INC.

Ref. Number: W13000001392

We have received your document for CAPITAL FUNDING MORTGAGE ASSOCIATES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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) 245-6052.

Tim Burch Regulatory Specialist II

Letter Number: 513A00000525

www.sunbiz.org

D O DOV 0007 M-11-1 ---- D1---1-0001

## 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.

	orporation; must include "INCORPORATIOPP," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"			
· (If name unavaila	ble in Florida, enter alternate corporate na	me	adopted for the purpose of transacting bu	isiness in	Florid	a)
Pennsylv		3.	46 0760000			,
		(FEI number, if applicab	le)			
08-01-20	12	<sub>5.</sub> perpetual				
(Date	of incorporation)	(Duration: Year corp. will cease to e		st or "per	petual	")
None at t	his time					
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)			SEGI TALL	13.		
12 Penns Trail Newtown PA 18940		<u> 连角</u>	À			
(Principal office address) 12 Penns Trail Newtown PA 18940		多葉	2			
12 Penns	(Current mailing		race)	- 11 <u>C</u> 1		1 <del>[</del>
	(Current maning	auu	1055)		<b></b>	
Mortgage	Broker			Ď, Fil	ធ្យា	
	of corporation authorized in home state of	r cc	ountry to be carried out in state of Florida	)	•	
Name and stree	t address of Florida registered agent:	(P.0	O. Box NOT acceptable)			
Name:	Incorp Services, Inc.					
office Address:	17888 67th Court Nort	h				
	Loxahatchee		, Florida 33470 (Zip code)			
	(City)		(Zip code)			

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.

CRegistered 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:	
Address:	
Vice Chairman:	<u> </u>
Address:	3 JAN F
	32 M 🔍 📜
Director:	- Ho e m
Address:	
	्रेलि <b>ः छा</b>
Director:	
Address:	
B. OFFICERS	
President: John F Madden	
Address: 2011 Silverwood Drive	
Newtown PA 18940	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional	al officers and/or directors.
13. Signature of Director or Officer	
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 above) a are true and that he or she is aware that false information submitted in a document to t a third degree felony as provided for in s.817.155, F.S.  John F Madden	affirms that the facts stated herein

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

**JANUARY 2, 2013** 

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING

13 JAN 15 PM 4: 15
SECRETARY OF STATE
TALLAH ASSPEL FLOREN

I DO HEREBY CERTIFY THAT,

#### CAPITAL FUNDING MORTGAGE ASSOCIATES INC.

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



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

Care aille

Certification Number: 10769488-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp