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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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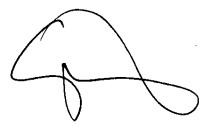
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UM JUL 23 AM II: 28 SECRETARY OF STATE VLLAHASSEE, FLORIO,



COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Soll Share Mustage M. Name of corporation myst include suffix			
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" 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: Mary Hacke H South Shame of Person Hacke Markage Mr.			
167 WASHINGTON ST			
NORW FIL MA 02061			
SOUTH Share Martage @ UR RIZUM. Net E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Mary Hackett at (781) 264. 3106 Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a check for the following amount:			
S70.00 Filing Fee S78.75 Filing Fee SCertificate of Status Certified Copy S87.50 Filing Fee, Certified Copy S87.50 Filing Fee SCERTIFIED Copy Certified Copy About Paid			



APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO	
1	
"Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.") South Share Martgase Tr. of Mts	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2	
(State or country under the law of which it is incorporated) 4. (State or country under the law of which it is incorporated) (FEI number, if applicable) (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. /67 W/SHNGTON ST. NORWEY, MA COOF/ (Principal office address) /64 W/SHNGTON ST. NORWEY, MA COOF (Current mailing address)	1
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Maker Island, Florida 3 4/45 (City) (Zip code)	
9. 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.	,

10. 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.

A. DIRECTORS Chairman: _ Address: _ Vice Chairman: Address: _ Director: _ Address: Director: Address: **B. OFFICERS** President: Vice President: Address: Secretary: _ Treasurer: Address: _ NOTE: If necessary, you may ayach an addendym to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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

11. Names and business addresses of officers and/or directors:



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

Date: July 23, 2014

To Whom It May Concern:

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

SOUTH SHORE MORTGAGE INCORPORATED

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 tees with respect to such reports, and so for an 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.

Secretary of the Commonwealth

William Travin Gallein

Certificate Number: 14078634110

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: cri