F1500005011

(Re	questor's Name)	
(Ad	ldress)	
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PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE
TAIL ANASSEE, FLORIDA

N. Cutilgan NOV 13 2015

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Fiest Alliance Mce	BASE CORP OF WOLKENE
Name of corporation	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good St above referenced foreign corporation to transact busing	anding" and check are submitted to register the
Please return all correspondence concerning this matt	er to the following:
AMAGE, PI	FUENTAS
Name o	of Person
FIRST AlliANCE MUR	Frentes of Person ISASE CORP OF DELAUREE ompany
3078 Sugaraga	
3878 Sherioan	Iress
City/State	2 33021 and Zip code
Amore 0 316	D CIANO DOLAN
E-mail address: (to be used	D GMAIL COM d for future annual report notification)
For further information concerning this matter, please	e can.
Name of Person at (75%) Area Co	1,260-1515
Name of Person Area Co	ode Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	,
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status

Certified Copy





August 31, 2015

AMAURY CIFUENTES 3878 SHERIDAN STREET HOLLYWOOD, FL 33021

SUBJECT: FIRST ALLIANCE MORTGAGE CORP OF DELAWARE

Ref. Number: W15000057759

We have received your document for FIRST ALLIANCE MORTGAGE CORP OF DELAWARE and your check(s) totaling \$70.00. 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.

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) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 615A00018347

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. First Alliance Mortgage Corp of Delvance (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) (State or country under the law of which it is incorporated)

(ST-1048360

(FEI number, if applicable) 4. (Date of incorporation) 5. (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) AMALEY CLEVENTS

3878 SheerDAN St
Nollywood , Florida 33021
(Zip code) Name: Office Address: 9. Registered agent's acceptance:

1

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.

(Registered agent's signature)

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.

. 11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: Address: Director: __ Director: __ Address: **B. OFFICERS** Address: Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 12. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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.

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

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Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FIRST ALLIANCE MORTGAGE CORP OF
DELAWARE" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE
EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE
TWENTY-FOURTH DAY OF OCTOBER, A.D. 2015.

Authentication: 10295924

Date: 10-24-15