F1400000 4370

(Re	questor's Name)			
(Ad	dress)			
(Ad	ldress)			
(Cil	ty/State/Zip/Phone	÷#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





400290290514

09/16/16--01019--010 **70.00
**70.00
**70.00
**70.00
**70.00
**70.00
**70.00
**70.00

SEP 30 2015 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CAR Mortgage Corporation 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," 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:
Name of Person
GR Wortgage Corporation Firm/Company
Nils, IL 60714
City/State and Zip code LCULLY COMMY WWACYOUL. (W) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (947) Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Character 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 \$\Boxed{\sigma} \\$78.75 Filing Fee \$\Boxed{\sigma} \\$78.75 Filing Fee \$\Boxed{\sigma} \\$87.50 Filing Fee, Certificate of Status \$\Boxed{\certificate of Status & Certified Copy}\$

FLORIDA DEPARTMENT OF STATE **Division of Corporations**

September 19, 2016

LARRY CALLERO 7788 N MILWAUKEE AVE NILES, IL 60714

SUBJECT: C&R MORTGAGE CORPORATION

Ref. Number: W16000064686

We have received your document for C&R MORTGAGE CORPORATION and your check(s) totaling \$70.00. 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.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

The designation of the registered agent must be at a Florida street address.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 316A00020066

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.

1. CORPORATION

1. CORPORAT

1. <u>Cer R</u>	1200112 001/2	Drain				
	orporation; must include "INCORPORA	TED," "CO	MPANY," "CORPO	RATION,"		
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")					
		<u></u>				
(If name unavailal	ble in Florida, enter alternate corporate	name adopte	ed for the purpose of t	ransacting bu	siness in Flor	ida)
2. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(D)S	3.	310 - 3877	1074		
	under the law of which it is incorporate	ed)	(FEI num	ber, if applica	ible)	
4 Main	20. 1903	5.	Dresent	dale		
(Date	of incorporation)		(Date of duration	, if other than	perpetual)	
6.	ιΛ					
·· — V	(Date first transacted busi	ness in Flori	da, if prior to registra	tion)		
	(SEE SECTIONS 607.1501 &	607.1502, F	.S., to determine pena	lty liability)		
7. 7788	n Wilmank	ee A	ve, Ville	, IL	60714	
\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-	(Principal off	ice address)	-	•	
	(Current	mailing add	ress, if different)		##************************************	
8. Name and stree	t address of Florida registered agent	: (P.O. Bo	x NOT acceptable)			:
	Caller				<u>6</u>	
Name:	Larry auch				S	31
Office Address:	2245 W. Gulf	# PJ.	D		(2)	温泉:
	Saucharl		2205	1	Þ	- 10 -40 - 44 55 2
	\bigcirc		Florida <u>55919</u> , Florida (Zip cod	<u> </u>	PH 12:	\mathbb{G}_{2}
	· (City)		(2.p cod	,	မှ မျှ	
9. Registered age	ent'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.

(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: \sqrt{Q}		
Address:		
Vice Chairman:		
Address: VQ		
Director:		
Address:		
Director:		
Address:		
B. OFFICERS		
President: \avm Caller		
Address: 7788 N Wilwawkee Are		
MAIS, 1L 60714	- 16	s -e1
Vice President: \(\frac{Q}{Q} \)		0/15 02/14 20:11
Address:	29	23 23
	<u> </u>	報算量
Secretary:	<u>က</u>	<u>15</u>
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application list	ing additional officers and/or director	·c
12.	ing additional officers and/of director	5.
Signature of Director or Offic		
The officer or director signing this document (and who is listed in number are true and that he or she is aware that false information submitted in a d		
a third degree felony as provided for in s.817.155, F.S.	•	
13. (Typed or printed name and capacity of person si	oming application)	······································
r (ryped of printed hame and capacity of person si	gining apprication)	

File Number

5724-074-1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

C&R MORTGAGE CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 29, 1993, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 26TH day of SEPTEMBER A.D. 2016.

Authentication #: 1627001754 verifiable until 09/26/2017
Authenticate at: http://www.cyberdriveillinois.com

esse White

SECRETARY OF STATE