To: Qualification/Tax Lien Section

SUBJECT: MORIGAGE MATE, INC. dba MORIGAGE CAPITAL ASSOCIATES
(Name of corporation - must include suffix)
Dear Sir or Madam: 700025861678 -07/13/3801040003 *****78.75 *****78.75
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:
JAY M. SIEREN W98-15-788
(Name of Person)
MORIGAGE MATE, INC.
(Firm/Company)
11150 W. OLYMPIC BLVD., STE 1160 (Address)
LOS ANGELES, CA 90064 (City/State/Zip)
(City/State/Zip)
Should you need to call someone concerning this matter, please call:
JAY M. STEREN at (310) 477-6877 (Name of Person) (Area Code & Daytime Telephone Number)
COURIER ADDRESS: MAILING ADDRESS: \$7/21

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Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

Division of Corporations

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 13, 1998

JAY M. STEREN MORTGAGE MATE, INC.

1/150 W. OLYMPIC BLVD., STE. 1160

LOS ANGELES, CA 90064

SUBJECT: MORTGAGE MATE, INC.

Ref. Number: W98000015788

Hope you find everything
Is fine now.

please call me at
[800] 974-4434 if you

Med further information
Thanks!

We have received your document for MORTGAGE MATE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without

Your corporate name is available for use in Florida, so we will file your corporation under its own name as listed above. Please delete the "dba" name from line 1 of your application.

authority along with the past annual report fees due this office.)

If you would like to transact business in Florida under a "d/b/a" name, you must file a Fictitious Name application. One will be mailed to your attention under separate cover.

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) 487-6958.

Lee Rivers Document Specialist

Letter Number: 998A00037187

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.	MORIGAGE	MATE, INC. AS MINICACE/O	<u>'Apttal/</u>	<u>Assoctaz</u>	<u> </u>	<u> </u>			_
	(Name of corpor	ation; must include the word "INCC	RPORATE	ED", "COM	PAN'	Y", "CORPORATION	N° or		
	words or abbrevi	ations of like import in language as	will clearly	y indicate ti present)	iat it i	s a corporation instea	io or a		
	natural person of	partnership if not so contained in the	le name at	present.)					
2.	CALIFOR	NIA under the law of which it is incorpo	•	3. <u>95-4</u>	148- 2	2547 (FEI number, if appli	achia)		_
	(State or country	under the law of which it is incorpo	rated)		,	(гел пшпоег, и аррл	cable)		
1 .	05/23/94		5 .	PERPEI	JAL_	p. will cease to exist of			
т.	(Dat	e of incorporation)	(Du	ration: Yea	ir cort	will cease to exist o	or "perpetu	al")	
6.	(Date first	JPON QUALIFICATION transacted business in Florida.) (SE	E SECTIO	NS 607.150	1. 60	7,1502 and 817.155, J	F.S.)		
					,	·	·		
7.	11	150 W. OLYMPIC BLVD., ST	E 1160	: .			unar d		- , -
	IC	S ANGELES, CA 90064		•			= 5	(0	
(Current mailing address)									
							AA		-
Q	MORTGAGE E	ANKING: GENERATE, PROCES	S AND FO	ND 1ST	AND	2ND MORTGAGE LC	ANS	2	desirent desirent
ο.	(Purpose(s) of corporation authorized in home	state or co	ountry to be	carrie	ed out in state of Flor	ida)		8
				T () D	34.	.: D D NOT.		`≣	
9.	Name and stre	eet address of Florida registered	i agent: (P.O. Box	or ivia	III DIOD DOX INO I	acceptante	"	-teatr
	Name:	RICHARD JEYNSON					DA A	7	
	ranic.		······································						•
0	ffice Address:	1714 S.W. 22ND STREET				,			
		BOYNION BEACH				22126			
				, Flor	ıda, _	33426 (Zip code)			
						(Zip code)			
10). Registered a	gent'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)

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.

2. Names and addresses of officers and/or directors: (Street addresses of officers and/or directors: (Street addresses)		adie)
L. DIRECTORS (Street address only - P.O. Box NOT acceptable		
hairman:		,
ddress:		
ice Chairman:		
ddress:		
irector:		
ddress:		
		7 _C
irector:		ECRE JUL T
ddress:		** F T
		SEE AM
. OFFICERS (Street address only - P.O. Box NOT accept	table)	
resident: MITCHELL A. REINER		7 Pp 7
ddress: 11150 W. OLYMPIC BLVD., STE 1160		
LOS ANGELES, CA 90064		
ice President:		
 :	-	
Address:		,,
TAYY M. CTURDINI		
ecretary: JAY M. SIEREN		
Address: 11150 W. OLYMPIC BLVD., STE 1160		-, -, -, -, -, -, -, -, -, -, -, -, -, -
LOS ANGELES, CA 90064		
reasurer:		
Address:		······································
NOTE: If necessary, you may attach an addendum to the applica	ation listing additional officers and	l/or directors.
A	, ,	
13. Signature of Chairman, Vice Chairman, or any	officer listed in number 12 of the	application)
14. JAY M. SIEREN CFO/CORPORATE SI		· · · · · · · · · · · · · · · · · · ·
(Typed or printed name and ca	pacity of person signing application	on)



SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the 23rd day of May ,19⁹⁴, MORTGAGE MATE, INC.

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

April 30, 1998

Billyones

Secretary of State