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(Re	questors Name)	
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JOA)	uress)	
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(Add	dress)	
76:	100 - 10 to	
(City	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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COVER LETTER

TO:	Registration Division of C		s				
SUBJI		a One Mortg	age, LLC				
SUDJI		<u>.</u>	Name of	Limited Liability (Company		
						ansact Business in Florida," Certificate y company to transact business in Florid	
Please	return all corre	spondence c	oncerning this matter to the	following:			
	Joh	n E. Ranieri					
			N	lame of Person			
	Air	ierica One N	ortgage, LLC				
		···-	į.	irm/Company		 	
	101	Quail Cour	ı				
				Address			
	Мо	nroeville, N	08343				
			City/\$	State and Zip Code		· · · · · ·	
	jrani	eri@am1mo	tgage.com				
			E-mail address: (to be use	d for future annual	l report no	tification)	
For fur	ther informatio	n concerninț	this matter, please call:				
John Ranieri		267 at (718-52	88			
		Name o	Contact Person	Area Code	Day	time Telephone Number	
	MAILING A Division of C Registration P.O. Box 63. Tallahassee,	Corporations Section 27			Division Registrat Clifton B 2661 Exc	CADDRESS: of Corporations ion Section Building recutive Center Circle see, FL 32301	
Enclose	ed is a check fo □ \$125.00 F		ng amount: \$\Boxed\$ \$\\$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 6(5,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

1. America One Mortgage (Name of Foreign	e, LLC Limited Liability Company; must include "Limite	d Liability Company," "L.I. C.," or "ELC.")				
(II name unavailable, eniet allemate n	ame adopted for the purpose of transacting business in Flor	ruly. The alternate name must include "I muted I rak	ulus Compan ""1 I C " or "11 C ")			
> New Jersey	and adopted to the purpose of dataseting decine of in the	3 83-1551466	my Company, 2.1, C. Like, y			
<u> </u>	hich foreign limited hability company is organized)	- · ·	er, if applicable)			
4. N/A						
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determi	registration.) ne penalty liability)				
5. 3 Myers Drive		6. 101 Quail Court				
(Street Address of Principal Office)		(Mailing Address)				
Suite 5 Mullica Hill, NJ 08062		Monroeville, NJ 08343	2016 FAL			
			THE T			
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	FIL BERETAR LLIAHASS			
Name:	Peter Sowisdral					
	5700 Old Ocean Blvd, Unit M		P PR			
Office Address:	5700 Old Ocean Bivd, Olin Wi		PM 12: 32 OF SINE			
	Ocean Ridge (City)	Florida 33435 (Zip code	2: 32			
una accept the obligation.	s of my position as registered agent. Kegistered agent's	oignature)				
8. The name, title or capa Title or Capacity: PRESIDENT	Name and Address: John E. Ranieri To I (Juni I Curt Menroeville, NJ 08	s/have authority to manage is/are: Title or Capacity:	Name and Address:			
(I be attachment if access						
(Use attachments if necess	•					
 Attached is a certificate jurisdiction under the law of of the translator must be st 	of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)	duly authenticated by the official has a is in a foreign language, a translati	ving custody of records in the on of the certificate under oath			
10. This document is exect submitted in a document to	o the Department of State constitutes a thi	(1) (b). Florida Statutes, I am aware rd degree felony as provided for in s	e that any false information .817.155, F.S.			
	John E. Ranieri					
	Typed or	printed name of signee				

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES

SHORT FORM STANDING

AMERICA ONE MORTGAGE LLC 0450296568

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named NJ Domestic Limited Liability Company (LLC) was registered by this office on Monday, August 13, 2018.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

JOHN RANIERI 101 QUAIL COURT MONROEVILLE, NEW JERSEY 08343

HE STATE ON JERRY

Certificate Number : 4059851344 Verify this certificate online at https://www1.state.nj.us/TYTR_StandingCert/JSP/Ve

rity Cert.jsp

hereunto set my hand and affixed my Official Seal 13th day of August, 2018

IN TESTIMONY WHEREOF, I have

Elizabeth Maher Muoio State Treasurer