F000 AMDADA 866

To: Registration Section Division of Corporations	•			
SUBJECT: Baroness Mov (Name of corpora	<u>tagge Corp.</u> ution - must include suffix) 2000031374026			
Dear Sir or Madam:	-02/16/0001053025 ****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.				
Baroness M. (Firm/) 2706 East G	ter to the following: Company C			
Should you need to call someone concerning this matter, please call: (Name of Person) (Area Code & Daytime Telephone Number)				
STREET ADDRESS:	MAILING ADDRESS:			
Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a check for the following amount:	### D			
□ \$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			

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. Burone CS Mortage Corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or

2. New York (State or country under the law of which it is incorporated) 4. LIGHT Grand Street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) 5. Derpotual (Date of incorporation) 6. LIDON OUR Florida is incorporation in transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. a. 309 Walnut St. Lovinth, V. Y. 12822 (Principal office address) b. Current mailing address) 8. Mortagg - Broker (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Lattleen Frechete Office Address: 2706 East Grand Reserve Circle Suite 1110 **Country Country Cou	1.	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)	
6. Upon Gualification. (Date first transacted business on Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. a. 309 Walnut St. Covinth, (V. 1. 12822 (Principal office address) b. Rox 25 Covinth, (V. 1. 12822 (Current mailing address) 8. Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptation) Name: Cathleen Frechette Office Address: 2706 East Grand Reserve Circle Suite 1110 Measure term, Florida 33719		(State or country under the law of which it is incorporated) 3. 14-1813620 (FEI number, if applicable)	
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. a. 309 Walnut St. Ovinth, V. J. 12822 (Principal office address) b. Rox 25 Covinth, N. Y. 12822 (Current mailing address) 8. Movtagage Brokev (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Cathleen Frechette Office Address: 2706 East Grand Reserve Circle Suite/110 Mearwater , Florida 33759	4.	(Date of incorporation) 5.	
7. a. 309 Walnut St. Covinth, W. G. 12822 (Principal office address) b. P.O. Box 25 Covinth, N. G. 12822 (Current mailing address) 8. Movtagg & Brokev (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Cathleen Frechette Office Address: 2706 East Grand Reserve Circle Suite 1110 Maracter , Florida 333759	6.	(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")	
(Current mailing address) 8. Movtagg & Brokev (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Cathleen Frechette Office Address: 2706 Fast Grand Reserve Circle Suite 1110 Name: Manuater, Florida 33759	7.	a. 309 Walnut St. Covinth, W. F. 12822 (Principal office address)	
8. Mortagge Broker (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Cathleen Frechete Office Address: 2706 East Grand Reserve Circle Suite 1110 Mearwater , Florida 33759		b. P.O. Box 25 Corinth, N.Y. 12823 PR TO Current mailing address)	APT
Name: Cathleen Frechette Office Address: 2706 East Grand Reserve Circle Suite 1110 Clearwater, Florida 33759	8.		
Office Address: 2706 East Grand Reserve Circle Suite 1110 Clearwater, Florida 33759	9.		
Clearwater, Florida 33759	Oi		
		Clearanter, Florida 33759	• •

10. 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.

(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.

12. Names and business addresses of officers and/or directors:				
A. DIRECTORS				
Chairman:				
Address:				
Vice Chairman:				
Address:				
Director:	-			
Address:				
Director:				
Address:				
B. OFFICERS President: Lattleen A. Frechette Address: 2706 East Grand Reserve Circle Suite Clear water Florida 33759	e ///o			
Vice President:				
Address:	00 FEE			
Secretary:	TARY C			
Address:	PM IZ: 4;			
Treasurer:				
Address:				
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or direct	ctors.			
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application	 on)			
14				

State of New York Department of State ss:

I hereby certify, that the certificate of incorporation of BARONESS MORTGAGE CORP. was filed on 04/15/1999, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

I further certify, that no other certificates have been filed by such corporation.

Witness my hand and the official seal
Nof the Department of State at the City
of Albany, this 24th day of November
one thousand nine hundred and
ninety-nine.

eputy Secretary of State

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