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TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT: WFS Mortgage Services, Inc. DBA Loan Net
(Name of corporation - must include suffix)

Dear Sir or Madam:

900003400879--8
-09/21/00--01076--003
*****87.50 *****87.50

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:

Sally Feldman

(Name of Person)

WFS Mortgage Services, Inc. DBA Loan Net

(Firm/Company)

50 Mt. Bethel Rd.

(Address)

Warren NJ 07059

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Sally Feldman
(Name of Person)

at (908) 769-3950 x13

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
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. WFS Mortgage Services, Inc.
(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.)
2. New Jersey 3. 22-3281532
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. June 11 1993 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification
(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. 50 Mt. Bethel Rd. Warren, N.J. 07059
(Principal office address)
b. 50 Mt. Bethel Rd. Warren N.J. 07059
(Current mailing address)
8. Correspondent Mortgage Lender
(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: ROBERT CAWSON
Office Address: 1322 SEABATE DR
PALM HARBOR FLA 34685, Florida 34685
(Zip code)

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TALLAHASSEE, FLORIDA

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.

Robert Cawson
(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: Daniel Feldman

Address: 50 mt. Bethel Rd.
Warren, N.J. 07059

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Sally Feldman

Address: 50 mt. Bethel Rd.
Warren, N.J. 07059

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Sally Feldman
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Sally Feldman President
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

WFS MORTGAGE SERVICES, INC.
With the Previous or Alternate Name
LOAN NET

*I, the Treasurer of the State of New Jersey,
do hereby certify that the above-named
New Jersey Domestic Profit Corporation was
registered by this office on June 11, 1993.*

*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:*

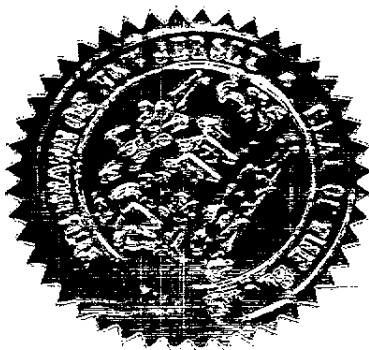
Daniel Feldman
50 Mount Bethel Rd
Warren, NJ 07059

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TALLAHASSEE, FLORIDA

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

WFS MORTGAGE SERVICES, INC.
With the Previous or Alternate Name
LOAN NET



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
19th day of September, 2000

Roland M Machold

Roland M Machold
Treasurer

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TALLAHASSEE, FLORIDA