

FLORIDA COMPLIANCE SERVICES, INC.

DAVE TAYLOR, PRESIDENT

1331 East Lafayette Street, Suite F  
Tallahassee, Florida 32301  
Voice: (850) 942-5464 Fax: (850) 942-5111

**F01000004356**

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known)

1. One Source Mortgage Corporation  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

☒ Walk in

☒ Pick up time 8/17

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input checked="" type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-08/16/01--01069-002  
\*\*\*\*128.75 \*\*\*\*\*78.75

BK

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: One Source Mortgage Corporation  
(Name of corporation - must include suffix)

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TALLAHASSEE, FLORIDA

Dear Sir or Madam:

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:

David Taylor  
(Name of Person)

FLORIDA COMPLIANCE SPECIALIST, INC.  
1331 E. LAFAYETTE STREET, STE. F  
TALLAHASSEE, FLORIDA 32301  
(Firm/Company)  
(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

David Taylor at (850) 942-5464  
(Name of Person) (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

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

+ \$50 for fictitious Name registration

RESOLUTION OF BOARD OF DIRECTORS  
(Please print or type)

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TALLAHASSEE, FLORIDA

I, the undersigned Shawn J. Miller, do hereby certify  
(Name)

that this Resolution of the Board of Directors of \_\_\_\_\_

One Source Mortgage Corporation  
(Corporate Name)

a corporation duly organized and existing under the laws of the State of New Jersey  
was duly adopted on August 7<sup>th</sup>, 2001

Be it resolved, that One Source Mortgage Corporation  
(Corporate Name)

organized and existing in the State of New Jersey, hereby adopts the name

One Source Mortgage Corporation of New Jersey for use in Florida.

Dated: 8/14/01

Shawn J. Miller  
Signature of either Chairman, Vice Chairman or any officer

Shawn J. Miller  
Type or print Name

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. One Source Mortgage Corp  
(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. 22-3546822  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/22/97 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. 2 University Plaza Ste. 410 Hackensack, NJ 07601  
(Principal office address)  
2 University Plaza Ste. 410 Hackensack, NJ 07601  
(Current mailing address)

8. Mortgage Broker/Lending  
(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: David Taylor

Office Address: FLORIDA COMPLIANCE SPECIALIST, INC.  
1331 E. LAFAYETTE STREET, STE. F  
TALLAHASSEE, FLORIDA 32301, Florida  
(City) (Zip code)

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.

David Taylor  
(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: N/A

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Shawn J. Miller

Address: 15 Kinkaid Avenue  
Closter, NJ 07624

Vice President: N/A

Address: \_\_\_\_\_

Secretary: Susanne Miller

Address: 15 Kinkaid Avenue Closter, NJ 07624

Treasurer: N/A

Address: \_\_\_\_\_

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

13. [Signature] Miller  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Shawn J. Miller / President  
(Typed or printed name and capacity of person signing application)

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STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

ONE SOURCE MORTGAGE CORPORATION

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TALLAHASSEE, FLORIDA

*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 October 22, 1997.*

*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:*

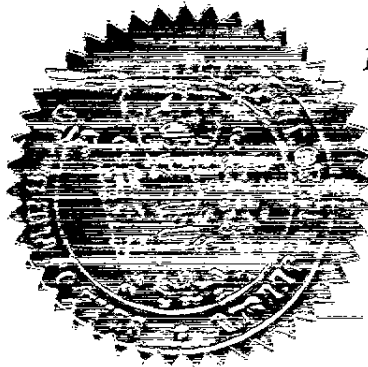
*Sam S Mathews  
55 Paramus Road  
Paramus, NJ 07652*

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STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

ONE SOURCE MORTGAGE CORPORATION

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TALLAHASSEE, FLORIDA



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
25th day of July, 2001

A handwritten signature in cursive script, reading "Peter R. Lawrance".

Peter R Lawrance  
Acting State Treasurer