

# FLORIDA COMPLIANCE SPECIALISTS, INC.

DAVE TAYLOR, PRESIDENT

2331 Hanson Place  
Tallahassee, Florida 32301  
Voice: (850) 942-5464 Fax: (850) 942-5111  
www.floridacompliance.com

Office Use Only

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

1. Online Mortgage Services, Inc  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☐ Mail out

☒ Pick up time 9/28

☐ Will wait

☐ Photocopy

☐ Certified Copy

☒ Certificate of State

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 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

RECEIVED  
01 SEP 27 PM 2:51  
FILED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
SEP 27 PM 3:28

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-09/27/01--01090--022  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**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. ONline Mortgage Services, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION"  
words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of  
natural person or partnership if not so contained in the name at present.)

2. New York 3. 52-2117122  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6-10-98 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. 1060 Harlem Rd., Cheektowaga, NY 14227  
(Principal office address)

Same  
(Current mailing address)

8. Mortgage 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)

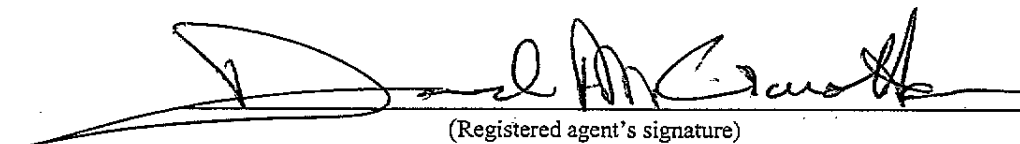
Name: DAVID M. CRAVATTA

Office Address: 3609 Hudson Lane

Tampa, Florida 33618  
(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.*

  
(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: William R. Cravatta

Address: 1060 Harlem Rd.  
Cheektowaga, NY 14227

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

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

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

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

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

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

B. OFFICERS

President: William R. Cravatta

Address: 1060 Harlem Rd.  
Cheektowaga, NY 14227

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

13. William R. Cravatta Pres.

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

14. William R. Cravatta

(Typed or printed name and capacity of person signing application)

FILED  
SEP 27 PM 3:28  
01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

State of New York  
Department of State

ss:

I hereby certify, that the Certificate of Incorporation of ONLINE MORTGAGE SERVICES, INC. was filed on 06/10/1998, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with 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.

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Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 13th day of September  
two thousand and one.

FILED  
01 SEP 27 PM 3:28  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

*[Signature]*

Special Deputy Secretary of State



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