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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

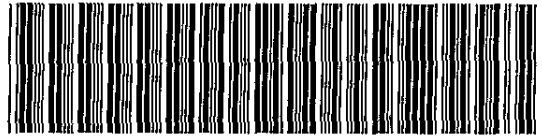
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
03 JAN 15 PM 12:08
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
FILED
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

7p

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. Alta Financial Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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☒ Walk in☒ Pick up time 1/16☐ 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 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

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned PETER S. GILBERT, do hereby certify
(Name)

that this Resolution of the Board of Directors of _____

ALTA FINANCIAL, INC.
(Corporate Name)

a corporation duly organized and existing under the laws of the State of NEW JERSEY

was duly adopted on AUGUST 21, 2002

Be it resolved, that ALTA FINANCIAL, INC.
(Corporate Name)

organized and existing in the State of NEW JERSEY, hereby adopts the name
ALTA FINANCIAL MORTGAGE COMPANY for use in Florida.

Dated: 9/13/02

Peter S. Gilbert
Signature of either Chairman, Vice Chairman or any officer

PETER S. GILBERT ; VICE PRESIDENT
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. ALTA FINANCIAL, 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
(State or country under the law of which it is incorporated)
3. 22-3021081
(FEI number, if applicable)
4. MARCH 1990
(Date of incorporation)
5. Perpetual
(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. 1926 GREENTREE ROAD SUITE 100 CHERRY HILL, NJ 08003
(Principal office address)
1926 Greentree Road, Ste. 100 Cherry Hill, NJ 08003
(Current mailing address)
8. 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: Florida Compliance Specialists, Inc.
Office Address: 2331 Hansen Place
Tallahassee, Florida 32301
(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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: GLENN E. WALLACH
Address: 1926 GREENTREE ROAD SUITE 100 CHERRY HILL, NJ 08003

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

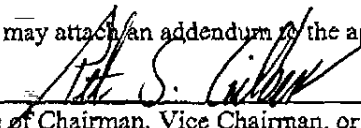
President: GLENN E. WALLACH
Address: 1926 GREENTREE ROAD SUITE 100
CHERRY HILL, NJ 08003

Vice President: PETER S. GILBERT
Address: 1926 GREENTREE RD. SUITE 100
CHERRY HILL, NJ 08003

Secretary: LINDA MATTHEWS
Address: 1926 GREENTREE ROAD SUITE 100 CHERRY HILL, NJ 08003

Treasurer: _____
Address: _____

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

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

14. PETER S. GILBERT, VP
(Typed or printed name and capacity of person signing application)

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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

ALTA FINANCIAL, INC.

With the Previous or Alternate Name

ALTA FINANCIAL MORTGAGE (Alternate Name)

*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 March 1, 1990.*

*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 C Miller Iii Esq Etals
401 Route 70 East
Cherry Hill, NJ 08034

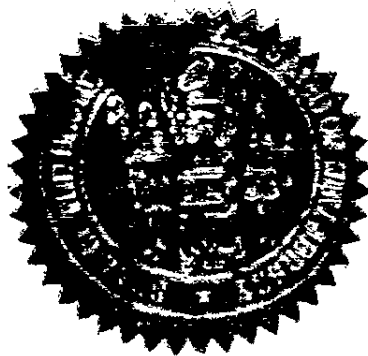
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Division of Consumer Affairs

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

ALTA FINANCIAL, INC.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
15th day of October, 2002

John E McCormac, CPA
State Treasurer

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DIVISION OF CORPORATIONS