F03000000570

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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1/2/77/02--01044--007 **87.50



WD2-36188



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

December 31, 2002

AMANDA W. TIERNAN THE LAW OFFICES OF MARINOSCI & ZANGARI 30 WASHINGTON AVE. NORTH HAVEN, CT 06473

SUBJECT: PROVIDENT CAPITAL MORTGAGE, INC.

Ref. Number: W02000036188

We have received your document for PROVIDENT CAPITAL MORTGAGE, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6043.

Letter Number: 702A00067954

Joey Bryan Document Specialist Tax Liens THIS FEB - 4 PH II. 48

The Law Offices of Marinosci & Zangari

30 Washington Avenue North Haven, CT 06473 (203) 234-9472 (203)234-8656

December 23, 2002

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

RE: Provident Capital Mortgage

Dear Sir/Madam:

Enclosed please find the Application for authorization to transact business for the above captioned mortgage broker. I have also enclosed a check for \$87.50.

If you have any questions please do not hesitate to contact my office.

Wery truly yours,

Amanda W. Tiernan

Marke H. E. C. B. H. H. B.

TRANSMITTAL LETTER

	tration Section ion of Corporations				
SUBJECT:	Name of corpor	Capital Mortgage ation - must include suffix)	e, Inc.		
Dear Sir or Ma	adam:				
"Certificate of	"Application by Foreign Corporation f Existence", and check are submitted siness in Florida,				
Picaso retum a	all correspondence concerning this m	atter to the following:			
Michael	DiPasnni, Jr.				
	(Nam	e of Person)			
Provide	ent Capital Mortgage.				
	(Firm	/Company)			
500 Pal	m Street, West Palm B				
	(4	Address)			
	(City/Sr	ate and Zip code)			
For further in	formation concerning this matter, ple	ase call:			
Michael DiPa	21 [1-) 655- KER 6677			
(Nan	ne of Person) (A	rea Code & Daytime Telepho	one Number)		
Registration S Division of C 409 E. Gaines	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:				
C) \$70.00 Fit	ing Fee S78.75 Filing Fee & Certificate of Status	Certified Copy	4 \$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.

Provider	nt Capital Mortgage, In	c	
words or abbrev	ration; must include the word "INCORPOR lations of like import in language as will cl r partnership if not so contained in the nam	carly i	ndicate that it is a corporation instead of a
Rhode Is	land	3	37-1429031
(State or country	Land under the law of which it is incorporated)		(FEI number, if applicable)
4. May 2, 2	2002	5.	Perpetual
(Date	2002 c of incorporation)	((Duration: Year corp. will cease to exist or "perpetual")
g Upon qua	lificaTION		
(Date first transa	cted business in Florida. If corporation has		ransacted business in Florida, insert "upon qualification.") 607.1502 and 817.155, F.S.)
7. 数本本 206	King Philip Street		
	(Principal office	addre	(\$5)
Provid	ence. RT 02909		
	(Current mailing	addre	ess)
8. <u>Mortga</u> (Purpose(ge Brokering s) of corporation authorized in home state	or cou	ntry to be carried out in state of Florida)
9. Name and str	ect address of Florida registered age	ent: (P.O. Box or Mail Drop Box NOT acceptable)
Name	STEVEN A. SCI	AE	PRETTA
Office Address:	2300 G-LADES 1	RD	_STE 302E
	BOCARATON		STE 302E , Florida_FL 3343/ (Zip code)
10. Registered s Having been nar designated in thi further agree to	agent's acceptance: med as registered agent and to accept is application, I hereby accept the app comply with the provisions of all state	servic ointm ites re	ee of process for the above stated corporation at the place tent as registered agent and agree to act in this capacity. I elative to the proper and complete performance of my
auccs, anu 1 am	familiar with and accept the obligation	nis oj	my posmon us registereu agent.
يسسه	(Registered and	it a sto	Figure)
	\ -		,

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. N	ames and	business ad	itesser of	officers	and/or	directors:
-------	----------	-------------	------------	----------	--------	------------

A, DIRECTORS		
Chairmon:	- ·	
Acktross:	_	
	点 18	
Vice Chairman:		THE THE
Address:	69 6	
	- Z	J. (2)
Director:	- ***	` ' *
Address:		- PA 1. 1-9
	```	
Director: Michael DiPanni, Jr.	<u> </u>	75
Address:7000 Palmetto Circle,	·	
Boca Raton, FL 33496		
B. OFFICERS		
President: Michale DiPanni, Jr.	<b></b> + √ ³ ⁷	•
Address: 7000 FEET Palmetto Circle,		
Boca Raton, FL 33496	<u> </u>	
Vice President:	* ". "	
Address:		* ***
		2 🕶
Secretary: Michael DiPanni, Jr.	<del></del> =	
Address: _7000_Palmetto_Circle,	<del></del>	
Treasurer: Boca Raton, FL 33496		
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. Michael DiPanni, Jr.	إنس .	
(Typed or printed name and capacity of person signing application)		



# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown Secretary of State THIS ESTE FOR THE STATE OF THE

The Office of the Secretary of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

## Provident Capital Mortgage, Inc.

a Rhode Island corporation, filed original articles of incorporation in this office on the second day of May A.D., 2002; and

IT IS FURTHER CERTIFIED that said corporation is now of record and in good standing in this office.

SIGNED AND SEALED this twenty-fourth day of January A.D., 2003.

Secretary of State

eller Anderelli

