

**F03 000002167**

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(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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W03-9288

FILED  
TALLAHASSEE, FLORIDA

03 APR 29 PM 2:03



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 2, 2003

ALBERT GARRIDO  
LBA MORTGAGE SERVICES, INC.  
3504 PARK AVE.  
WEEHAWKEN, NJ 07086-6006

SUBJECT: LBA MORTGAGE SERVICES, INC.  
Ref. Number: W03000009288

We have received your document for LBA MORTGAGE SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please remove the DBA from the name.

The certificate you sent from the Division of Revenue is not what we need.

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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley  
Document Specialist

Letter Number: 803A00019856

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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LBA Mortgage  
(Name of corporation - must include suffix)

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:

Albert Garrido  
LBA Mortgage Services. (Name of Person)  
Empire State Mortgage  
(Firm/Company)  
3504 Park Avenue  
(Address)  
Weekawaken, NY, 10706-6006  
(City/State and Zip code)

For further information concerning this matter, please call:

Albert Garrido at (201) 271-9000 x 12  
(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

**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. LBA 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. US 3. n/a  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/1/1999 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. 3501 Park Avenue, Washawken, NJ, 07086-6006  
(Principal office address)

\_\_\_\_\_  
(Current mailing address)

8. Mortgage Bankers  
(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: Mario Garcia

Office Address: 315 East Robinson Street, Suite 160, Landmark Center  
Orlando, Florida 32801  
(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.*

X Mario Garcia  
(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: \_\_\_\_\_

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

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

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

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

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

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

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

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B. OFFICERS

President: Ernesto Garcia

Address: 79 Woodmere Lane, Tenafly  
NJ, 07670-1944

Vice President: Marilyn Garcia

Address: 79 Woodmere Lane, Tenafly  
NJ, 07670-1944

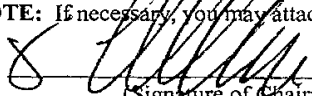
Secretary: Marilyn Garcia

Address: Casabene

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. Ernesto Garcia

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

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

**L.B.A. MORTGAGE SERVICES, INC.**

*With the Previous or Alternate Name*

**EMPIRE STATE 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 January 27, 1999.*

*As of the date of this certificate, said business  
continues as an active business in the State of New  
Jersey. Annual Reports are outstanding for the  
following year(s):*

*2000*

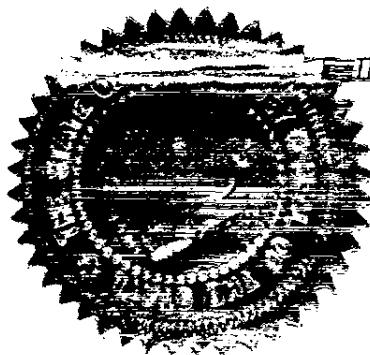
*I further certify that the registered agent and  
registered office are:*

*Ernesto Garcia  
79 Woodmere Lane  
Tenafly, NJ 07670*

*Continued on next page . . .*

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

L.B.A. MORTGAGE SERVICES, INC.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
14th day of April, 2003

A handwritten signature in cursive script, reading "John E. McCormac".

John E McCormac, CPA  
State Treasurer