AUG-26-2003 10:24

# Division of Corporations

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000261311 2)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number

: (650)222-9428

## FOREIGN PROFIT QUALIFICATION

A Great Mortgage Company, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

### 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.

New Jersey	y under the law of which it is incorporated)	_3.	22-3803047 (FEI number, if applicable)	P.	
06/21/2001		5.	5. Perpetual		
	te of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")			
upon qua	lification		transacted business in Florida, insert "upon qualification.")	•	
921 Ploasant V	alley Avenue, Mt. Laurel, NJ 08054			. ,	
	(Principal office	addi	7699)		
š <b>a</b> rod	(Principal office	<b>a</b> ddi	ress)		
dáru <b>o</b>	(Principal office		ireas)	‱. ⊑	
	(Current mailing		ireas)		
Mortgago lend	(Current mailing	add	ireas)		
Mortgago lend	(Current mailing ling (2) of corporation authorized in home state of	add or co	ireas)		
(Purpose	(Current mailing ling (2) of corporation authorized in home state of	add or co	ress) suntry to be carried out in state of Florida)		
Mortgage lend (Purpose Name and st Name:	(Current mailing ling (Corporation authorized in home state of reet address of Florida registered age	add or co	ress) suntry to be carried out in state of Florida)		
Mortgago lend (Purpose Name and at	(Current mailing ing (s) of corporation authorized in home state of reet address of Florida registered age c/o C T Corporation System 1200 South Pine Island Road	add	ress) suntry to be carried out in state of Florida)		

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.

> SHEILA CLARK (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:			<del></del>							
Address:										
Vice Chairman:			-							
Address:			<del></del>							
			<u> </u>							
Director:			<u> </u>							
Address:										
Director:										
Address:			<del></del> ,,							
			<del>- 150 </del>							
B. OFFICERS SEE ATTACHMENT										
President: Ryan Barbalios		· · · · · · · · · · · · · · · · · · ·								
Address: 921 Pleasant Valley Avenue										
Mt. Laurel, NJ 08054		· · · · · · · · · · · · · · · · · · ·								
Vice President: Archie Kirk			20							
Address: 921 Pleasant Vailey Avenue										
Mt. Laurel, NJ 08054										
Secretary:										
Address:		<u></u>								
Treasurer:	·=-		 							
Address:										
NOTE: If necessary you may attach an addardom to the	NOTE: To according to the second seco									
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. Archie Kirk, Vice President										
(Typed or printed name and capacity of person signing application)										

#### Attachment to Florida

#### Officers & Directors

1. Full Name: Officer/Director: Officer's Title: Business Address:

> City: State: ZIP Code:

2. Full Name: Officer/Director: Officer's Title: Business Address: City:

State: ZIP Code: Ryan Barbalios Officer, Director President

921 Pleasant Valley Avenue Mt. Laurel

NΪ 08054

Archie Kirk Officer, Director Vice President

921 Pleasant Valley Avenue

Mt. Laurel NJ 08054

# STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

### A GREAT MORTGAGE COMPANY, INC.

0100854015

With the Previous or Alternate Name
FIRST AMERICAN HOME FUNDING CORP. (Previous 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 June 21, 2001.

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:

Stephen J Moschini, Esq 40 Constitution Dr Southampton, NJ 08088

Continued on next page . . .

# STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

A GREAT MORTGAGE COMPANY, INC.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 12th day of August, 2003

Jherrem

John E McCormac, CPA State Treasurer

