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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

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FOREIGN PROFIT QUALIFICATION

Empire Mortgage Services, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	96
Estimated Charge	\$70.00

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PERSONAL PHINGS MADE

CORPORATION Filling



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 15, 2004

CT CORPORATION SYSTEM

SUBJECT: GLOBEX MORTGAGE SERVICES, INC.

REF: W04000002111

SECRETARY SERVICES

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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 FAX Aud. #: H04000009894 Letter Number: 104A00002914

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.

(Name of corpo	ige Services, Inc. D/B/A Globex Mornion; mast include the word "INCORPOR visitions of like import in language as will close partnership if not so contained in the name	ATI perly	D", "COMPANY", indicate that it is a	"CORPORATION	of s	•	
2. New Jersey		3.	22-3280239				
	y under the law of which it is incorporated)			I number, if applies	ble)		
4, 08/04/1992		5.	Perpetual				
(Da	us of incorporation)		(Duration: Year o	orp. will extend to ex	ist or "perpetus?")		
	qualification					-	
(Date first trans	acted business in Florids. If corporation has (SEE SECTIONS 607.1	501	transacted business , 607.1502 and 817.	in Florida, insent "v 195, F.S.)	pon qualification.")		
7. 285 Davidson /	Avenue, Suita 503, Somemer, NJ 08873					•	
	(Principal office	add	reas)				
same	(Current mailing	434					
•	(Curion noting	800	cces)				
g. Mortgage lend	ling .					1	_
	(s) of corporation authorized in home state of	e co	ustry to be carried	out in state of Florid	2)	1.26 0.36 1.06 1.06 1.06 1.06 1.06 1.06 1.06 1.0)4.
9. Name and at	rest address of Florida registered age	nt:	(P.O. Box or Mai	l Drop Box <u>NOT</u>	acceptable)	H H	150 L5
Name:	c/o C T Corporation System					141-K	
Office Address:	1200 South Pine latend Road					ი (მ ტექქ	
	Plantation		, Florida	33324		<u></u>	
	(City)	•	(Zip code)			
Having been na designated in the further agree to duties, and I am	agent's acceptance: med as registered agent and to accept s is application, I hereby accept the appo comply with the provisions of all status familiar with and accept the obligation C T Corporation System (Registored agent	inti les i	ment de registered elative to the proj f my position as r	l agent and agree per and complete egistered agent.	to act in this capa performance of m	icity. 1 v	
Tr. Marchen to	a certificate of existence duly authentical of State, by the Secretary of State or other	TOO.	, not more man yo	data bing, to cen.	vera or may abbitch	atton to	

FLUIT-BENIS CTFING Manager Collins

under the law of which it is incorporated.

FLE	^NO	スプラスので

12. Names and business addresses of officers and/or directors: SEE ATTACHMENT		
A. DIRECTORS		
Chairman:		
Address:		
		
Vica Chairman:		
Address:		
		
Director:	~ ——	
Address:		
Director:		
Address:		_
B. OFFICERS SEE ATTACHMENT		
President: Charlette C. Schmeling	Z K	Ç
Address: 285 Davidson Avenue, Suite 503	- C2	<u>ر</u> ت
Somerset, NJ 08873	300	,
Vice President: Joseph Michael Oulmet	High High	, ,
Address: 285 Devidson Avenue, Suitz 503		=
Somerset, NJ 08873	çur i	
Secretary: Michael Joseph Clark III		
Address: 285 Davidson Avenue, Suite 503 Somerset, NJ 05873		
Treasurer:		
Address:	<u> </u>	
And the second s		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directs	Пŝ.	
13.		
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	

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

FLAIR-VINA CYTAIN MANAGE CHIEL

14. Chandler Harben, Vice President

Attachment to Florida

Officers & Directors

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:

3. Full Name:

Officer/Director: Officer's Title: Business Address:

City: State: ZIP Code:

4: Full Name:

Officer/Director: Officer's Title: Business Address:

City: State: ZIP Code: Michael Joseph Clark III

Officer, Director Corporate Secretary

285 Davidson Avenue, Suite 503

Somerset NJ 08873

Joseph Michael Quimet

Officer, Director Vice President

285 Davidson Avenue, Suite 503

Somerset NJ 08873

Charlotte C. Schmeling

Officer, Director President

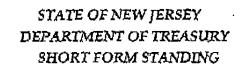
285 Davidson Avenue, Suite 503

Somerset NJ 08873

Chandler Harben Officer, Director Vice President

285 Davidson Avenue, Suite 503

Somerset NJ 08873 SECKETARY OF STATE



EMPIRE MORTGAGE SERVICES, INC. 0100525617

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 August 4, 1992.

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:

Charlotte Schmeling 285 Davidson Ave Ste 503 Somerset, NJ 08873

Continued on next page . . .

