# F04000001045

00855 =00147 =00147-02943

(Requestor's Name)	
(Address)	—
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
2/05 FPC	
L 102	
MO#1/02	

Office Use Only



000025646640

12/22/03--01045--016 \*\*70.00



HILED

04 FEB 25 MH 9: 11

#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: VSMP Mortgage Brokens, Inc. (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:		
Vitaly Soyfer		
Vitaly Soyfer (Name of Person)  VSMP Mortgage Brokers, Inc  (Firm/Company)		
(Firm/Company)		
2970 MARIA Avenue # 205		
2970 Mania Avenue # 205  North Brook, /L 60062		
(City/State and Zip code)		
For further information concerning this matter, please call:		
Vi+A/y SoyleR at (947) 504-1800 (Name of Person) (Area Code & Daytime Telephone Number)		
(Name of Person) // (Area Code & Daytime Telephone Number)		
STREET ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section		
vision of Corporations  Division of Corporations		
409 E. Gaines St. P.O. Box 6327		
Tallahassee, FL 32399 Tallahassee, FL 32314		
Enclosed is a check for the following amount:		
\$70.00 Filing Fee \$\sigma\$ \$78.75 Filing Fee & \$\sigma\$ \$78.75 Filing Fee & Certificate of Status \$\sigma\$ Certified Copy \$\sigma\$ Certified Copy		



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 2, 2004

VITALY SOYFER VSMP MORTGAGE BROKERS, INC. 2970 MARIA AVENUE, #205 NORTHBROOK, IL 60062

SUBJECT: VSMP MORTGAGE BROKERS, INC.

Ref. Number: W0400000102

We have received your document for VSMP MORTGAGE BROKERS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6967.

Letter Number: 104A00000140

Michelle Hodges Document Specialist



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 23, 2004

VITALY SOYFER VSMP MORTGAGE BROKERS, INC. 2970 MARIA AVENUE, #205 NORTHBROOK, IL 60062

SUBJECT: VSMP MORTGAGE BROKERS, INC.

Ref. Number: W0400000102

We have received your document for VSMP MORTGAGE BROKERS, INC. and your check(s) totaling \$70,00. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

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 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) 245-6967.

Letter Number: 604A00004151

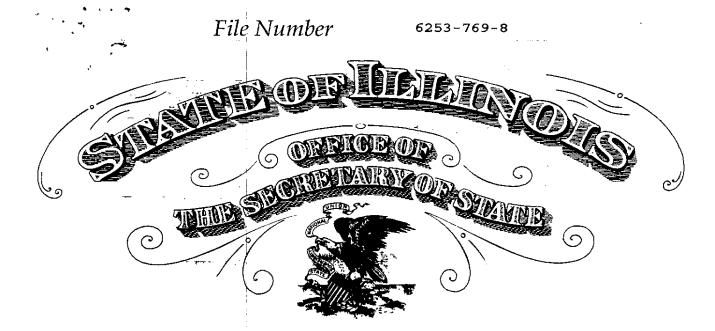
Michelle Hodges Document Specialist

## APPLICATION BY FORE IGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	E WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS S OREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLO	
1. <i>VS</i>	MP Montgage Bnokens, Inc.  *Corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,	
(Enter name of "Inc.," "Co.," "	corporation; must include "INCORPORATED," "COMPANY," "CORPORATION, Corp," "Inc," "Co," or "Corp.")	"
VS	SMP Montgage Brkm Tuc illable in Florida, enter afternate corporate name adopted for the purpose of transacting	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<del>ie</del>	
2. <u>IIII</u>	NOIS y under the law of which it is incorporated)  3. 7/-09/8787  (FEI number, if applied)	
4	12/9/02 5. (Duration: Year corp. will cease to e	* / 44
(Dai	(Duration: Year corp. Will cease to e	exist or "perpetual")
6	February 2004 sacted business in Florida. If corporation has not transacted business in Florida, insert	"
(Date first trans	(SEE SECTIONS 607.1501, 607.1502 and 817.155, F,S.)	
7. 2970	MARIA Avenue Suite 205 Northbra (Principal office address)	ok 16 60062
	(Principal office address)	
	Same as above (Current mailing address)	
,	(Current mailing address)	
s. <u>Clien</u>	of some property in Floring  (s) of corporation authorized in home state or country to be carried out in state of Floring	
(Purpose	e(s) of corporation authorized in home state or country to be carried out in state of Flori	ida) ≥ co
	reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT	acceptable)
Name:	ROMAN Petrushansky	B 25
Office Address:	3215 HORATIO #125	a In
	Тамра, FL 33609 , Florida 33609 (Сіty) (Zip code)	A G B G G A G
	(City) (Zip code)	
	agent's acceptance: med as registered agent and to accept service of process for the above stated o	corporation at the place
designated in thi	is application, I hereby accept the appointment as registered agent and agree	to act in this capacity. I
	comply with the provisions of all statutes relative to the proper and complete ar with and accept the obligations of my position as registered agent.	performance of my duties,
	Para de la característica de l	
-	Roman Pefro- (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:
Audioss
Director:
Address:
Director:
Address:
· · · · · · · · · · · · · · · · · · ·
B. OFFICERS
President: Michael Petrushansky
Address: 333 W. Hubbaro Suite 205
Chicago, 14 60610
CFO Vitaly Soyfen
Address: 920 W. HappfielD
Arlington Heights, 16 60004
- ARTINGTON MEIGHTS, 12 00001
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Soyfir //
(Signature of Director or Officer listed in number 12 of the application)
14. Vi-Aly Soy Jen <u>HiCUAE</u> PetnushANSkey (Typed or printed name and capacity of person signing application)
(1) ped of printed haire and capacity of person signing application)



### To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this

19TH
day of
FEBRUARY A.D.

Desse White