

F04 000001808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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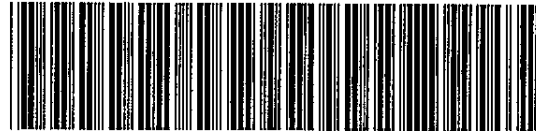
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CORPORATIONS
TALLAHASSEE, FLORIDA

J. STAN APR - 2 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: H.H.M.C., INC
(Name of corporation - must include suffix)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

MILTON F. RAMIREZ
(Name of Person)

H.H.M.C., INC
(Firm/Company)

4423 ATLANTIC AVE
(Address)

ATLANTIC CITY, NJ 08401
(City/State and Zip code)

For further information concerning this matter, please call:

MILTON RAMIREZ at (609) 3453400
(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

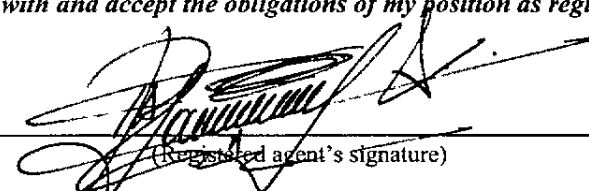
Enclosed is a check for the following amount:

- ☐ \$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.

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TALLAHASSEE, FLORIDA

1. H.H.M.C., INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. HIPOTECA HISPANA MORTGAGE COMPANY, INC
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
3. NEW JERSEY
(State or country under the law of which it is incorporated)
4. 22-3805667
(FEI number, if applicable)
5. MAY 2001
(Date of incorporation)
6. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
7. 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.)
8. 4423 ATLANTIC AVE, ATLANTIC CITY, NJ 08401
(Principal office address)
9. SAME AS ABOVE
(Current mailing address)
10. MORTGAGE LOAN & BUSINESS PLUS MULTIPLE SERVICES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
11. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: MILTON F. RAMIREZ
Office Address: 1470 MONA DR.
KISSIMMEE, Florida 34744
(City) (Zip code)
12. 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.

(Registered agent's signature)
13. 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.
14. Names and business addresses of officers and/or directors:

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JUDICIAL DEPARTMENT
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: MILTON F. RAMIREZ

Address: 6E. BAYVIEW AVE, PLEASANTVILLE NJ 08232

Vice President: _____

Address: _____

Secretary: EDISON RAMIREZ

Address: 11213 ISLE OF WATERBRIDGE APT 202, ORLANDO FL 32837

Treasurer: LILIANA RAMIREZ

Address: 1470 MONA DR. KISSIMEE, FL 34744

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. MILTON RAMIREZ PRESIDENT.

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

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

H.H.M.C., INC.
0100851062

*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 May 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:*

Milton F Ramirez
4423 Atlantic Ave
Atlantic City, NJ 08401

Continued on next page . . .

2001 MAR 23
TALLAHASSEE, FLORIDA

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

H.H.M.C., INC.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
20th day of February, 2004

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

John E McCormac, CPA
State Treasurer

2004 MAR 23
JUNI GRANT
TALLAHASSEE, FLORIDA