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(Re	questor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
		•
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u> </u>
	-	
Certified Copies	Certificates	s of Status
	-	<u></u> _
		
Special instructions to	Filing Officer:	
		1
<u> </u>		





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TRANSMITTAL LETTER

Division of Corporations		
	RT646E BANKERS ion - must include suffix)	INC
(ranto or corporati	on - must include surrivy	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to transact business in Florida.		
Please return all correspondence concerning this matte	er to the following:	
Charles E. Barry J	C	
(Name o	of Person)	
U.S. Mortgage Bar	nkers Inc.	
3 United States GIBBSBOSO, NJ	ompany)	2
(Add	iress)	2 957
61BBS B050, ND	08026	
	and Zip code)	宝 智
		9 劉
For further information concerning this matter, please	call:	15
Charles E-Barry N. 850 (Name of Person) at (Area	0,566.9600	
(Name of Person) (Area	Code & Daytime Telephone Number)	_
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section 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 ☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & \$87.50 Filing Certified Copy Certified Copy Certified Copy	of Status &



OFFICE OF FINANCIAL REGULATION

FINANCIAL SERVICES
COMMISSION

JEB BUSH GOVERNOR

TOM GALLAGHER
CHIEF FINANCIAL OFFICER

CHARLIE CRIST ATTORNEY GENERAL

CHARLES BRONSON COMMISSIONER OF AGRICULTURE

April 5, 2004

Mr. Charles E. Barry, Jr. 3 United States Avenue Gibbsboro, New Jersey 08026

Dear Mr. Barry:

DON B. SAXON

DIRECTOR

Re: U.S. Mortgage Bankers, Inc.

Thank you for your recent letter/fax requesting approval for use of the above-referenced corporate name. It is the opinion of this Office that your name is definitive enough to differentiate the business being conducted from that of a commercial bank or trust company.

The Office does not object to your use of the above-referenced corporate name being registered as a foreign corporation in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state.

Sincerely,

Linda B. Charity Deputy Director

Financial Institutions

LBC:ker

cc: Karon Beyer, Chief, Bureau of Commercial Recordings Division of Corporations, Secretary of State's Office

William T. Sims, Division of Finance Regulation

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	E WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
	REIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. MORTGAGE BANKESS INC.
1. (Enter name of	corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "C	Corp," "Inc," "Co," or "Corp.")
(If name unavai	lable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. NJ	3. 72-1556862
(State or country	under the law of which it is incorporated) (FEI number, if applicable)
4. 2-	of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
(Dat	e of incorporation) (Duration: Year corp. will cease to exist or "perpetual") and it (attor)
6. upon	qualit carron
	cted susiness in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7 110 E	Broward Blud Suite 1950 FTLANDERAME, FLA 3330 (Principal office address)
	(Principal office address)
3 unit	RD STATES AVE 6(BBSBO10 NT 08026 豊富
	(Current mailing address)
8. M	TG LENDING
	s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and str	eet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name:	Christiane Faconti
Office Address:	11 TO 11 CK OLIA 5# 1950
Office Address.	Chr. 1. 1. 1. 1. 23301
	Ft Lauderdal (City), Florida 3330 (Zip code)
	gent's acceptance: ned as registered agent and to accept service of process for the above stated corporation at the place
designated in this	s application, I hereby accept the appointment as registered agent and agree to act in this capacity. I
further agree to c and I am familia	comply with the provisions of all statutes relative to the proper and complete performance of my duties, rwith and accept the obligations of my position as registered agent.
-	
	(". Fight
	(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	en e
Chairman: Charles E Barry Dr.	
Address & 30 Maine Trail Busines	3 UNITED StateSAVE
medford, NJ 08055	GIBBSBOTO, NI 08026
Vice Chairman:	
Address:	
Director: Same as above	<u> </u>
Address:	
	4 GET
Director:	70 000
Address:	- CYE
B. OFFICERS	-5 DE
President: Charles E. Barry JV	
B30 Maine Was (
Medford NJ 08055	
wichell Pantaccia	
Address: B 475. LOCUST St	
Marton NJ 08053	
Secretary: Patrick RhodES	
Address: @ 10 Gat Ely Ct. Cherry Hi	11 NZ 08002
Treasurer: Patrick Rhods	
	LN N2 08005
NOTE: If necessary, you may areach an addendum to the application listing addition	onal officers and/or directors.
13. (Simple of Pinton on Officer listed in number 13 of the application	ion
(Signature of Director or Officer listed in number 12 of the application of the Applicati	- 0 1/
14. (Typed of printed name and capacity of person signing and	lication)



