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(Red	questor's Name)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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TRANSMITTAL LETTER

Division of Corporations									
SUBJI	ECT:	BAR	ros	MORTGAGE	GRO	vP.	, INC.		
		(Name of corporation - must include suffix)							
Dear Si	ir or Ma	dam:							
"Certifi	icate of		e", and	Foreign Corporation I check are submitted					
Please	return al	II corres _l	onden	ce concerning this ma	atter t	o the	e following:		
	TOD	•	NKO						
	BAR	الرما	MRT (SAGE GROOP, IN	e of F	Perso	on)		
				(Firm					
	26	W. 2:	3 100	ST , 6TH FL					
	NEV	4010	K, 1	ST , 6TH FC 14 10010	Addre	ss)			
					ate ar	nd Z	ip code)		
For fur	ther info	ormation	conce	rning this matter, plea	ase ca	11:			
_	TODD	SUN?	K-0	at (21	L	, 3	Sz-2900 × & Daytime Telepho	31) 1
	(Name	e of Pers	on)	(A	rea C	ode	& Daytime Telepho	ne N	lumber)
Registr Divisio 409 E.	ration Se on of Co Gaines	rporatio				Reg Div P.C	ILING ADDRESS gistration Section vision of Corporation D. Box 6327 llahassee, FL 32314	ns	
Enclos	ed is a c	heck for	the fo	llowing amount:					
5 70).00 Filir	ng Fee	X 1 \$	78.75 Filing Fee & Certificate of Status	0		1.75 Filing Fee & rtified Copy	0	\$87.50 Filing Fee, Certificate of Status & Certified Copy

DRIGINAL

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Enter name of corporation; must include "INCORPORATED, "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp.") (If name unavailable in Florida, enter alternate corporate name	" "COMPANY," "CORPORATION,"	
(15 man all place in Florida man alternate supports name		
(15 many marks in Florida many thermats supports name		
		out do l
(If name unavariable in Frontia, enter alternate corporate name	En 1100 Val	Olium)
(State or country under the law of which it is incorporated)	(FE) number if unalicable)	
(State of country under the law of water it is incorporated)	QE PE- As	
(Date of incorporation) 5.	Operation: Year corn, will cease to exist or "neme	tual")
word businestible	(Sulation: You soly, with some to strict or purpose	,
(Date first transacted business in Florida. If corporation has no	t transacted business in Florida, insert "upon qualific	ation.")
(SEE SECTIONS 607.1501	1, 607,1502 and 817,155, F.S.)	·
26 WEST 23 ST 672 FL NEL	7 doler NA Learn	
(Principal office add	iress)	
SAME		
(Current mailing add	iress)	
mojorgage broker		
(Purpose(s) of corporation authorized in home state or c	ountry to be carried out in state of Florida)	
. Name and <u>street address</u> of Florida registered agent:		04 SER
-		
Name: CorpDirect Agents, Inc.		(3)
Office Address: 103 N. Meridian St.		-
Tallahassee (City)	Florida 32301	7:
(City)	(Zip code)	্র
O. B. J. C. J. and H. a	فبر	
 Registered agent's acceptance: Yaving been named as registered agent and to accept serv 	ice of process for the above stated corporation	at the place
lesignated in this application, I hereby accept the appoint	ment as registered agent and agree to act in thi	s capacity.
uether naros to commits with the people laws of all statister:	relative to the proper and complete performanc	e of my duti

Ed Casy (Registered agent's signature) Asst. Sec

^{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. DIREC	CTORS
Chairman:	ERIC BARRAN
	324 PEARL ST
_	44,NJ 10036
Vice Chairn	nan:
Address: _	
Director:	
Address: _	
Director:	
Address: _	
	ERIC BARRON 324 PEAR ST NY, NY 10036
Vice Presid	lent: TODO SUNKO
	26 W. 23 PM ST
_	NEU YORK, MY 10010
Secretary:	
Address: _	
Treasurer:	
Address: _	
NOTE: 1:	f necessary, you may attach an addendum to the application listing additional officers and/or directors.
- - -	(Signature of Director or Officer listed in number 12 of the application)
14	(Typed or printed name and capacity of person signing application)
	(Typed or printed name and capacity of person signing application)

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of BARRON MORTGAGE GROUP, INC. was filed on 12/27/2002, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 07th day of April two thousand and four.

Secretary of State

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