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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Coples	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: GREAT AMERICAN EQUITY MORTGAGE, IUC. (Name of corporation - must include suffix)	-
Dear Si	ir or Madam:	
"Certifi	sclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," ficate of Existence," and check are submitted to register the above referenced foreign corporation to business in Florida.	o
Please	return all correspondence concerning this matter to the following:	
$-\omega$	ARK MCPEAK OR JEFF STAKICH (Name of Person)	
66	REAT AMERICAN EQUITY MORTGAGE, INC. (Firm/Company)	
_10	35 BOYCE RD, STE 220 (Address)	
<u>P1</u>	(City/State and Zip code)	_
	ther information concerning this matter, please call:	
<u>JEF</u>	(Name of Person) at (412) 35.7 - 7730 P (Name of Person) (Area Code & Daytime Telephone Number)	S.O.S. NOISIVID
	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	CORPURAL DIVINE
Enclose	ed is a check for the following amount:	
\$70.	.00 Filing Fee Sectificate of Status Certified Copy S87.50 Filing Fee, Certificate of Status Certified Copy	s &

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.

					· -	
(If name unavailab	le in Florida, enter alterna	ite corporate name ad	opted for the p	ourpose of transa	ecting business	in Florida)
2. PENNSYL	VANIA der the law of which it is	3	25-	18793	6 a	
(State or country un	der the law of which it is	incorporated)	-	(FEI number, if	applicable)	
4. <u>12/5</u>	f incorporation)	5	PERP:	ETUAL		
(Date of	f incorporation)	(Duration: Yea	ir corp. will ceas	se to exist or "p	erpetual")
6. <u>N/A</u>						
•	(Date first tran (SEE SECTIONS (insacted business in F 607.1501 & 607.1502	lorida, if prior L. F.S., to dete	to registration) mine penalty lia	ability)	
7. 1035 B	BOYCE RD,					15241
_	(Pr	rincipal office addres	s)			
	5	SAME AS AGurrent mailing address	BOVE			
	(Cı	urrent mailing addres	s)			
8. MORTGA (Purpose(s) c	GE LOAN of corporation authorized i	ORIGINAT in home state or coun	1 <i>N</i> 6 try to be carri	ed out in state of	Florida)	
9. Name and street a	<u>address</u> of Florida regist	tered agent: (P.O. I	Box <u>NOT</u> ac	ceptable)		
Name:	JEFFREY:	STAKICH				
Office Address:	1688 5.8	MONROE	ST			9
				24997		OV AUG
-	STUART (City	·)	, riorida_	(Zip code)		1 (5)
10. Registered agei						6
	at's acceptance: Las registered agent and	d to accept service	of process fo	r the above sto	ited corporation	on at the pla
		ant the appointme	it as register	ed agent and a	eree to act in	this capacit
Having been named designated in this ap further agree to con	oplication, I hereby acc oply with the provisions ith and accept the oblig	s of all statutes rela	tive to the pi	oper and com	olete perform	ancesof my d
Having been named designated in this ap further agree to con	oplication, I hereby acc uply with the provisions	s of all statutes rela	tive to the pi	oper and com	olete perform	ances of my a
Having been named designated in this ap further agree to con	oplication, I hereby acc uply with the provisions	s of all statutes rela	tive to the pi	oper and com	olete performo	anc Fef mỹ ả

- 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: Director: _ Address: _____ Director: _____ Address: _____ ____ **B. OFFICERS** President: MARK MC PEAK Address: ____1035 STE 220 PITTSBURGH, PA 15241 Vice President: _ RICHARD STROMBERG Address: SAME AS PRESIDENT RICHARD STROMBERG Secretary: ____ Address: SAME AS PRESIDENT Treasurer: __ Address: ____ NOTE: If 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)

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

COMMON WEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

July 29, 2004

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

GREAT AMERICAN EQUITY MORTGAGE, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth