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(Requestor's Name)
(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:
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ANTO ANTON APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TR **BUSINESS IN FLORIDA** IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMIT. REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 1. ADT MORTGAGE, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. DELAWARE (State or country under the law of which it is incorporated) (FEI number, if applicable) , 2004 5 PERPETUAL (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6. 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.) 7 9 E. LOOCKERMAN STREET, STE. 1B, DOVER DE 19901 (Principal office address) 9 E. LOOCKERMAN STREET, STE. 1B, DOVER DE 19901 (Current mailing address) SERVICES Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: NRAI Services, Inc. Office Address: 526 E. Park Avenue

10. Registered agent's acceptance:

Tallahassee

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.

NRAI Services, Inc.

By: Lathleen Vicars - Assistant Secretary

(Registered agent's signature)

_______, Florida 32301 (Zip code)

- 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:

(City)

A. DIRI	ECTORS			
Chairman	:	<u> </u>	<u> </u>	<u> </u>
Address:		<u> </u>		
		·		<u>:</u>
Vice Chai	irman:			
Address:				* * * * * * * * * * * * * * * * * * * *
Director:	JOSHUA PETERSON			
	490 SECOND STREET, SUITE 103			
	SAN FRANCISCO, CA 94107			
Director:				
				·-
B. OFF				
President	JOSHUA PETERSON		<u></u>	· -
Address:	490 SECOND STREET, SUITE 103	<u></u>		
	SAN FRANCISCO, CA 94107			<u> </u>
Vice Pres	ident:	<u></u>		<u></u> -
Address:				<u> </u>
Secretary	SANJOY K. GOYLE	. <u></u>		
Address:	490 SECOND STREET, SUITE 103, SAN FRANC	CISCO, CA 94107	·	
	JOSHUA PETERSON	<u> </u>		i
Address:	490 SECOND STREET, SUITE 103, SAN FRANC	CISCO, CA 94107		
NOTE:	If necessary, you may attach an addendum to the applic	ation listing additional officer	s and/or directors.	
13	(Signature of Director of Officer listed in number	10.04		<u>·</u>
QA	(Signature of Director of Officer listed in number NJOY K. GOYLE, SECRETARY	er 12 of the application)		
121 1343	HOVE IN MULLIS, DEVINERINE			

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADT MORTGAGE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF OCTOBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADT MORTGAGE, INC." WAS INCORPORATED ON THE EIGHTH DAY OF OCTOBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



Tarriet Smith Windson Secretary of State

AUTHENTICATION: 3401610

DATE: 10-08-04

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