F04000006548

(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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Office Use Only					



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TRANSMITTAL LETTER

Division of Corporations					
SUBJECT	r: First	MADISON A	YORTGAGE CO	yp.	
		(Name of corpo	ration - must include su	ffix)	
Dear Sir or	Madam:				
"Certificate				ansact Business in Florida," ferenced foreign corporation to	
Please retur	rn all corresponde	ence concerning this m	atter to the following:		
		Cony	Frilich		
-		(Nan	Prilich ne of Person)		
		First MI	4Nicon Mon	terge Conp. State F Suit	
		(Firm	n/Company)		
	11	0 North	4 la Chineton	V Stace F Suit	F 2
		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 	Address)		4
		Kockvil	F, MD 200	850 S	•
		(City/S	tate and Zip code)		<u>.</u>
For further	information conc	erning this matter, ple	ase call:	20	
0		-	0/ 340 · / rea Code & Daytime Te	/053 elephone Number)	
Reg Div 409	REET ADDRES gistration Section vision of Corpora DE. Gaines St. llahassee, FL 323	tions	Registrati Division o P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, FL 32314	
Enclosed is	a check for the f	ollowing amount:			
□ \$70.00 F	iling Fee 🗡	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee Certified Copy	& S87.50 Filing Fee, Certificate of Status Certified Copy	&

'APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

EGISTER A FOR FIRST (Enter name of co "Inc.," "Co.," "Co	WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. MIDISIA MORTAGE CORP. orporation; must include "INCORPORATED," "COMPANY," "CORPORATION," orp," "Inc," "Co," or "Corp.")
	able in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
(State or country t	under the law of which it is incorporated) 3.
(Date	2002 5. Dente fust of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
·	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
Monton (Purpose(s)	Current mailing address) Control Washington State of Suite-2B Rockville, MD 20850 (Current mailing address) Control Washington State of Country to be carried out in state of Florida) Control Washington State of Country to be carried out in state of Florida) Control Washington State of Suite-2B Rockville, MD 20850 Control Washington State of Suite-2B Rockvi
Name:	Corporation Service Company
office Address:	1201 Hays Street
	Tallahassee , Florida 3230/ (City) (Zip code)
	(City) (Zip code)
laving been name esignated in this urther agree to co	gent's acceptance: ed as registered agent and to accept service of process for the above stated corporation at the place application, I hereby accept the appointment as registered agent and agree to act in this capacity omply with the provisions of all statutes relative to the proper and complete performance of my di with and accept the obligations of my position as registered agent.

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.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

12. Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chairman: Ony triplich	
Chairman: Cry Frishch. Address: 110 N. Washing for Street Sinte	ER Nochielle, und 20850
With Claiming	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
- Ca Trishil	72
President: Und President:	C: O C:
President: Cony Freshick Address: 10 NORTH Washington Street	Suite 213 /Zochalle, UND 2085
Vice President:	
Address:	
Secretary: Lyndsy Rennett	
Secretary: Lyndsy BENNETT Address: 10 North Washington Street	Suite ZR Rockwill MI) 20150
Treasurer:	Serve or Second Line of the serve
Address:	
Addicess.	
NOTE: If necessary, you may attach an addendum to the application	on listing additional officers and/or directors.
13. (Signature of Director or Officer listed in nun	
(Sh Tarili)	aper 12 of the application)
(Typed or printed name and capacity of per	son signing application)

STATE OF MARYLAND

Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT FIRST MADISON MORTGAGE CORP. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS OCTOBER 29, 2004.

Paul B. Anderson Charter Division

Paul B. Under

301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

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