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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ві	usiness Entity Nam	ne)
	ocument Number)	
(50	ocument Numbery	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

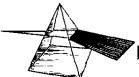


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SECRETARY OF STAT

7/



PRISMA MORTGAGE CORPORATION, INC.

November 8, 2004

Registration Section Division of Corporation 409 E Gaines Street Tallahassee, FL 32399

Re:

Registration for Corporation

Please find enclosed the following documents:

- > Original Transmittal Letter
- > Application by Foreign Corporation in Florida
- > Certification of Status

Also find enclosed the check #2182 for the amount of \$87.50 to cover your fees.

If you have any question please contact our office.

Sincerely yours,

Vanessa R Rodriguez

Loan Processor

TRANSMITTAL LETTER

	ion of Cor				
SUBJECT:	PRISMA	MORTGAGE CORPORATION	ON, INC		
00202011			ation - must include suffix)		
Dear Sir or M	adam:				
"Certificate of transact busine	f Existence ess in Flor		to register the above referen		
Please return a	all corresp	ondence concerning this ma	tter to the following:		
CARLOS A. M	MACHADO			TAS 28	
		(Name	e of Person)	CR 名	
PRISMA MOF	RTGAGE (CORPORATION, INC		ZOCK NOV 15 TALLAHASSE	
		(Firm/	Company)	15 88E	
55 CARTER I	ORIVE SU	ITE 209		트 유 골	
		(A	ddress)	257 25	
EDISON, NJ (08817-206	6		RIE Z	
25,00,1,10	20011 200		ate and Zip code)		
			•		
For further inf	formation	concerning this matter, pleas	se call:		
CARLOS A. M	/ACHADO	at (732) 819-7800		_
(Nam	e of Perso		ea Code & Daytime Telepho	one Number)	
Regis Divis 409 E	EET ADD stration Section of Cor c. Gaines Strassee, FL	ction porations t.	MAILING AI Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	
Enclosed is a	check for	the following amount:			
□ \$70.00 Fili	ing Fee	□ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	

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.

1.	PRISMA MORTGAGE CORPORATION, INC					
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")					
	PRISMA MORTGAGE C	OMPANY				
	(If name unavailable in Flor	rida, enter alternate corporate na	me	adopted for the purpose of transacting business in Flor	ida)	
2.	NEW JERSEY		3.	22-3447259		_
	(State or country under the I	aw of which it is incorporated)		(FEI number, if applicable)		
4.	JUN 11 1996		5.			r2
	(Date of incorpo	oration)		(Duration: Year corp. will cease to exist or "perpetu	HY)	203
6.				, AH	Ŕ	3
٠.	(5	SEE SECTIONS 607.1501 & 60°	7.15	Florida, if prior to registration) 102, F.S., to determine penalty liability)	PRY C	15
7.	55 CARTER DRIVE SUI	TE 209 EDISON, NJ 08817-	206	6	1	<u> </u>
•		(Principal office a	addi	ress)	3	়ে
	55 CARTER DRIVE, SUI	TE 209, EDISON, NJ 08817-2	206	6	<u>i</u> m	. ಬ
		(Current mailing	add	ress)		
8.	ORIGINATE RESIDENT	IAL MORTGAGE				_
	(Purpose(s) of corpor	ation authorized in home state o	rco	untry to be carried out in state of Florida)		
9.	. Name and street address	of Florida registered agent: (P.C). Box NOT acceptable)		
	Name: EDID C	SONZALEZ		<u></u>		-
o	office Address: 8411 L	AGOS DE CAMPO BLVD U-1	01			
	TAMAR	AC		, Florida 33321		.,
		(City)		(Zip code)		

10. Registered agent's acceptance:

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.

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. DIRE	CCTORS	
Chairman:	33321	
Vice Chair	rman:	
_		
Director:		
B. OFFI	CERS	
President:	CARLOS A. MACHADO	7.00
Address:	5 RED BARN LANE, FLEMINGTON, NJ 08822	LECRE IS
_		HASS 15
Vice Presid	dent:	SEE O P
		# 2: FL6
_		26 RIID
Secretary:	SANDRA J. MACHADO	
Address:	5 RED BARN LANE, FLEMINGTON, NJ 08822	
Treasurer:		
Address: _		
NOTE: 1	f necessary, you may attach an addendum to the application listing additional offi	icers and/or directors.
13.	los Créanse	
	(Signature of Director or Officer listed in number 12 of the application	on)
14 CAR	LOS A. MÁCHADO	

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

