F0500000000410

05 IAN 25 PH 3:55

(Requestor's Name)	
(Address)	
(Address)	
` ·	
(City/State/Zip/Phone #)	
1	
PICK-UP WAIT MAII	-
, `	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Serined Sopies Serinedade or Status	
	 -
Special Instructions to Filing Officer:	Ì
	- 1
	}
	ł
	- 1
	- }
	ł

Office Use Only



500044962095

有一度性。2018年3月27日 新省·马



FILED

TRANSMITTAL LETTER 05 IAN 25

05 IAN 25 PT 3:55

TO: Registration Sec Division of Cor			SEGRETARY OF STATE TALLAHASSEE, FLORDA
SUBJECT:	Crestveu: (Name of corpor	Mortgage ration - must include suff	Corp.
Dear Sir or Madam:			
			nsact Business in Florida," erenced foreign corporation to
Please return all corresp	ondence concerning this ma	n J. Bord	7
	Crestium	e of Person) Hortgage Co	rp.
	94 W. Ho	(Company) which Higher Address)	way
	Hampton Bac	ate and Zip code)	146
	(City/St	ate and Zip code)	
For further information	concerning this matter, plea	se call:	
(Name of Person	at 1 a	31	
STREET ADD Registration Se Division of Cor 409 E. Gaines S Tallahassee, FL	ction porations st.	Registration Division of P.O. Box 6	f Corporations
Enclosed is a check for	the following amount:		
☐ \$70.00 Filing 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 FILED

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS NO PAINTED TO SELECTION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. Crestiew Hortgage Corp. SECRETARY GESTATE TALL ALLASED FLORIDA (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
(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. New York 3. 01-0716400
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5/28/2002 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
6. DPON registration (Date first transacted business in Florida, if prior to registration)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 94 W. Mortauk Highway, Hampton Bays N.Y. 1946
(Principal office address)
Saml
(Current mailing address)
8. Mortgage Broken Business
(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 NOT acceptable)
Name: G.R. ROBBINS and ASSOCIATES, P.A.
Office Address: 3375 Capital Broke N.E. Bldg C.
Tallahauer FL 22508, Florida 32308
(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 dution and I am familiar with and accept the obligations of my position as registered agent.
Soma beingth
(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. DIRECTORS
Chairman: Stephen J. Boyd as sole directors shouthed their
Lane 4 S Costines Dave Rensenburgs NIM 20902-0946 1
Hail - P.O. Box 946 Rensenburg N.Y. 1960 TARLOF STATE TALLAHASSEE FLORIDA
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: Stephen J. Bayd
Address:
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendam to the application Viting additional officers and/or directors.
13. (Signature of Director or Officer listed in number 12 of the application)
SLALTRI
(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 CRESTVIEW MORTGAGE CORP. was filed on 05/28/2002, 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 an existing corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 14th day of January two thousand and five.

Secretary of State

200501180186 45