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05 MAR 17 PM 4:01

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HANOVER FUNDING L.L.C.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

THOMAS MCCUE, PRESIDENT
(Name of Person)
HANOVER FUNDING L.L.C.
(Firm/Company)
1025 BLOOMFIELD AVE
(Address)
WEST CALDWELL, NJ 07006
(City/State and Zip code)

For further information concerning this matter, please call:

Thomas McCue at (973) 227-5505
(Name of Person) (Area Code & Daytime Telephone Number)

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

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 ☒ \$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. Hanover Funding L.L.C.
(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 Jersey 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 18, 2003 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502 F.S. to determine penalty liability)

7. 1025 Bloomfield Ave. W. Caldwell, NJ 07006
(Principal office address)

Same as above
(Current mailing address)

8. mortgage brokering
(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)

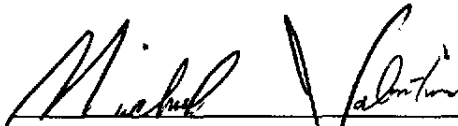
Name: Michael Valentino

Office Address: 7912 Farina Court

Sarasota, Florida 34238
(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.

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05 MAR 17 PM 4:01
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Thomas McCue, President Hanover Funding

Address: 1025 Bloomfield Ave, W. Caldwell, NJ 07006

Vice President: NIA

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____

(Signature of Director or Officer listed in number 12 of the application)

14. Thomas McCue, President Hanover Funding

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

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

HANOVER FUNDING, LLC

0400000916

With the Previous or Alternate Name

MONEY LENDERS EXCHANGE (Alternate Name)

HANOVER FUNDING (Alternate Name)

TOMCCUE LIMITED LIABILITY COMPANY (Previous Name)

*I, the Treasurer of the State of New Jersey, do
hereby certify that the above-named
New Jersey Domestic Limited Liability Company was
registered by this office on April 16, 2001.*

*As of the date of this certificate, said business
continues as an active business in the State of New
Jersey. Annual Reports are outstanding for the
following year(s):*

2002

2003

2004

*I further certify that the registered agent and
registered office are:*

Alfonse A. De Meo, Esq.
De Meo & Lavista, P.C.
381 Franklin Avenue, Suite 202
Belleville, NJ 07109

Continued on next page . . .

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

HANOVER FUNDING, LLC



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
10th day of March, 2005

A handwritten signature in cursive script, reading "John E. McCormac".

John E. McCormac, CPA
State Treasurer