

F05000003734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Home Lending, Inc.
(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:

Brins Tabake
(Name of Person)

American Home Lending, Inc.
(Firm/Company)

440 Benigno Blvd.
(Address)

Bellmawr, New Jersey 08031
(City/State and Zip code)

For further information concerning this matter, please call:

Donna Fisher at (856) 933-9700
(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

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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. American Home Leading, Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

American Home Residential, Inc
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey 3. 59-3763790
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 8, 2003 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 3 Horseshoe Lane Mullica Hill, NJ 08062 moved
to the following address of 4115105
440 Benigno Blvd Bellmawr, NJ 08031
(Principal office address)
(Current mailing address)

8. Mortgage Sales
(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: NRAI Services, Inc

Office Address: 2731 Executive Park Drive, S+4
Weston, Florida 33331
(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.

NRAI Services, Inc.

by: Christa Elaine 3-63-2005
(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:

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FLORIDA
SECRETARY OF STATE

A. DIRECTORS

Chairman: Same

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Kristina Johnston

Address: 3 Horseshoe Lane

Mullica Hill, NJ 08062

Vice President: Brian Tabako

Address: 440 Benigno Blvd.

Bellmawr, NJ 08031

Secretary: Same as Pres.

Address: _____

Treasurer: Same as VP.

Address: _____

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

13. Kristina Johnston

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

14. Kristina Johnston President

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

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TALLAHASSEE, FLORIDA

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

AMERICAN HOME LENDING, INC.

0100895502

With the Previous or Alternate Name

AMERICAN TRUST LENDING, INC. (Previous Name)

AMERICAN HOME RESIDENTIAL, INC. (Alternate Name)

*I, the Treasurer of the State of New Jersey, do
hereby certify that the above-named
New Jersey Domestic Profit Corporation was
registered by this office on January 8, 2003.*

*As of the date of this certificate, said business
continues as an active business in good standing
in the State of New Jersey, and its Annual Reports
are current.*

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

*Donna Fisher.
3 Horseshoe Lane
Mullica Hill, NJ 08062*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

AMERICAN HOME LENDING, INC.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
11th day of May, 2005

John E McCormac, CPA
State Treasurer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA