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(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:		
Special maductions to 1 ming officer.		

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: <u>Jefferson Mortgage</u> (Name di corpora	Corporation ation - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation is "Certificate of Existence," and check are submitted transact business in Florida.	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to
Please return all correspondence concerning this mat	
(Name	of Person)
Jefferson Martagre Cospania	hao
Jefferson Mortgage Corpora	Company)
LEFE Atuand Avenue	AL ST
455 Atwood Avenue (A	ddress)
Pranctice PT MARA	SSET 7
Cranston, RI 02920 (City/Sta	te and Zin code)
(0.1)	te and Zip code)
For further information concerning this matter, pleas	e call:
I of further information concerning this matter, preas	₹
Anita Donoran 40	\ 9U3-U20D
(Name of Person) at (40)	ea Code & Daytime Telephone Number)
, , ,	
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	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 & ☐ \$87.50 Filing Fee, Certified Copy 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. Tefferson Mortgage Corporation

(Enter name of corporation; must helded "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Tefferson Financial Services, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Rhocle Island
(State or country under the law of which it is incorporated)

11 | 39 | 0 |
(Date of incorporation)

3. 38-3643765
(FEI number, if applicable)

5. Perpetual
(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) 455 Atwood Avenue Cranston RT 02920 (Principal office address) 655 Atwood Avenue Cranston RI 02920 (Current mailing address) Correspondent Mortgage Lender
(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) CT Corporation System Name: 1200 South Pine Island Rd Office Address: Plantation, Florida 33324 (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

(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

further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,

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

under the law of which it is incorporated.

and I am familiar with and accept the obligations of my position as registered agent.

. DIRECTORS	
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ddress:	
ce Chairman:	
ddress:	
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rector:	3:25
idress:	2007
OFFICERS	
esident: Thomas L. Falcone	
ddress: 1855 Atwood Syenue	
Cranston, LI 62920	
ce President:	
ldress:	
cretary:	
ldress:	
easurer:	
ldress:	
OTE. If necessary, you may attach an addendum to the application listing additional officers and	Vor directors.
. I la le fresident	
(Signature of Director or Officer listed in number 12 of the application)	
. Thomas L. Falcone (Typed or printed name and capacity of person signing application)	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

*Office of the Secretary of State

Matthew A. Brown Secretary of State

MS NOW I PM 3: 28

The Office of the Secretary of State of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

IEFFERSON MORTGAGE CORPORATION

a Rhode Island corporation, filed articles of incorporation in this office on the 29th day of November 2001; and

IT IS FURTHER CERTIFIED that as of this date said corporation is duly organized and existing under and by virtue of the laws of the State of Rhode Island and is in good standing according to the records of this office.

> SIGNED AND SEALED this eighth day of November, A.D. 2005.

Secretary of State

BY 144 E. CAMUS

