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(Requestor's Name)				
		··· <u>·</u>		
(Ac	ldress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	<del>=</del> #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
<b>(</b> -		··- <b>,</b>		
(Do	cument Number)			
(50				
Certified Copies	Cartificates	of Status		
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Special Instructions to	Filing Officer:	ļ		
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Office Use Only



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### COVER LETTER

TO:	Registration Solvision of Co						
SUBJI	ECT:	COSTELLO MO	RTGAGE	ASSOCIATES INC.			
SCD0.		(Name of	corporatio	n - must include suffix)			
Dear S	ir or Madam:						
"Certifi		ce," and check are sub		Authorization to Transacegister the above referen			
Please	return all corres	spondence concerning	this matter	to the following:			
JOHI	N M COSTE	ELLO					
			(Name of	Person)			
cos	TELLO MOF	RTGAGE ASSOC		<del></del>			
		•	(Firm/Co	npany)			
278A	HIGHLAND	AVENUE		1			
SOM	IERVILLE,	MA 02143	(Addr	ess)			
0010	;		City/State a	ind Zip code)			
		,	•				
For fur	ther information	n concerning this matte	er, please c	all:			
JOH	N M COSTI	ELLO at	617	666-4779		- 0	0
(Name of Person) (Area Code & Daytime Telephone Number)		<b>0</b> 5 DEC 30 	DIVISION				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING A Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	30 PM 4: 04	OF CORPORATIONS		
Enclose	ed is a check for	r the following amount	:				
□ \$70.	00 Filing Fee	\$78.75 Filing Fe Certificate of S		\$78.75 Filing Fee & Certified Copy	\$87.50 Filin	of Status	&

## 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.

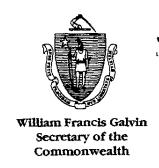
ł·	MORTGAGE ASSOCIATES INC		<del>-</del>	
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D,'	"COMPANY," "CORPORATION,"	
			i	
SHEPHERD	MORTGAGE			
(If name unavaila	able in Florida, enter alternate corporate nan	ne :	adopted for the purpose of transacting business in Flor	ida)
2. MA	,	3.	20-1093147	
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)	_
4. MAY 7, 2004	<b>.</b>	5.	PERPETUAL	
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetua	al")
6. N/A				
			Florida, if prior to registration)	_
	•	.15	02, F.S., to determine penalty liability)	
<sub>7.</sub> 278A HIGHL	AND AVENUE Some	_		
	(Principal office ac	ddr	ess)	
278A HIGH	LAND AVENUE Some	<u>2</u> \/	ILE MA 02143	<del></del> _
	(Current mailing a	ddr	ess)	
HOME MOI	RTGAGE FINANCING			
o	) of corporation authorized in home state or		untry to be carried out in state of Florida)	
	•			<b>2</b> 9
9. Name and street	t address of Florida registered agent: (P	P.O	. Box NOT acceptable)	2 3
Name:	THERESA PAOLILLO	<del></del>		
Office Address:	384 NW BREEZY POINT LO	OI		5
	PORT ST LUCIE		, Florida 34986	- :
	(City)		, Florida 34986 (Zip code)	<b>?</b>
10. Registered ag	ent's acceptance:			2

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. DIRECTORS		
Chairman:		<u> </u>
Address:		E CRI
		C 3C
Vice Chairman		7 8 A
Vice Chairman:	•	## PS
Address:		S 2
Director:		
Address:	·	
Director:	:	
Address:	i .	
B. OFFICERS	•	
President: JOHN M COSTELLO		
Address: 248 HIGH ST	1	
MEDFORD, MA 02155		
Vice President:	·	
Address:		
Secretary:		<u> </u>
Address:		·
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the ap	pplication listing additional officers and/or	directors.
13. John Castelle		-
(Signature of Director or Officer liste	d in number 12 of the application)	
14. JOHN M'COSTELLO PRESIDENT		
(Typed or printed name and capacit	y or person signing application)	



# The Commonwealth of Massachusetts

Secretary of the Commonwealth State House, Boston, Massachusetts 02133

December 20, 2005

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

#### COSTELLO MORTGAGE ASSOCIATES INC.

is a domestic corporation organized on May 7, 2004, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which, I have hereunto affixed the Great Seal of the Commonwealth

Villian Travino Galecin

on the date first above written.

Secretary of the Commonwealth

Processed By: MT