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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

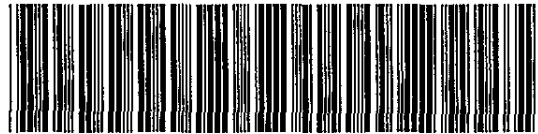
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2006 FEB -9 AM 9:08  
TALLAHASSEE FLORIDA  
CLERK OF COURT

2/10/06

COVER LETTER

2006 FEB -9 AM 9:08

TO: New Filing Section  
Division of Corporations

DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

SUBJECT: Mortgage Workouts Inc dba Eastpointe Mortgage  
(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:

Carol Currier  
(Name of Person)  
Mortgage Workouts Inc dba Eastpointe Mortgage Co  
(Firm/Company)  
5 Pleasant St  
(Address)  
Methuen MA 01844  
(City/State and Zip code)

For further information concerning this matter, please call:

Carol Currier at (978) 682 0500 x126  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

06 FEB -9 PM 2:56

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

February 1, 2006

CAROL CURRIER  
5 PLEASANT STREET  
METHUEN, MA 01844

SUBJECT: MORTGAGE WORKOUTS INCORPORATED  
Ref. Number: W06000005006

We have received your document for MORTGAGE WORKOUTS INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden  
Document Specialist

Letter Number: 706A00007281

2006 FEB -9 AM 9:08  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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. Mortgage Workouts, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

EASTpointe Mortgage Company  
(If name unavailable in Florida enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Hampshire 3. 02-0494217  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/96 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. 5 Pleasant St Methuen MA 01844  
(Principal office address)

5 Pleasant St Methuen MA 01844  
(Current mailing address)

8. To offer a wide variety of loan programs to consumers  
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

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**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.*

James H. KREATZ  
(Registered agent's signature) **JAMES H. KREATZ**  
**VICE PRESIDENT SECRETARY**

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: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

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. \_\_\_\_\_

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

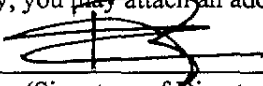
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

LINDA P Early

5 Pleasant St Methuen MA 01844

Blaise Coco

5 Pleasant St Methuen MA 01844



Blaise Coco President

# State of New Hampshire

## Department of State

### CERTIFICATE OF EXISTENCE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify MORTGAGE WORKOUTS, INC. is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on November 8, 1996. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that articles of dissolution have not been filed.

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In TESTIMONY WHEREOF, I hereto  
set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 18<sup>th</sup> day of January, A.D. 2006

A handwritten signature in cursive script, reading "William M. Gardner".

William M. Gardner  
Secretary of State