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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	



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Office Use Only

3.1.06

### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: The Alta Companies 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:	
Gerardo Mora	
(Name of Person)	
The Alta Companies	
(Firm/Company)	
10605 Concord S+ Suite 460	
(Address) rem 🛎	
Kensington, MD 20895 F T	
(City/State and Zip code)	
in the second of	
For further information concerning this matter, please call:	
Gerardo Mara at (301) 933-7500 37 22	
(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 & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status 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.

1. The Alta Companies In argument of corporation: must include "INCORPORATED." "COMPANY." "CORPORATION."

$\frac{1}{2}$ Ine $\frac{1}{2}$	Ha Companies Incorporation.	
	corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  Corp," "Inc," "Co," or "Corp.")	
me., co., t	corps, mes, cos, or corps y	
Λ.		
Alta.	Home Funding Inc.  Ilable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	-
(If name unavai	ilable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. Man	y land  3. 20-2127052  y funder the law of which it is incorporated)  (FEI number, if applicable)	
	y under the law of which it is incorporated) (FEI number, if applicable)	-
4. OI 12	105 s. Perpetual	
(Dat	te of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6.	N/A	
<u></u>	(Date first transacted business in Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 10605	Concord St Suite Ale 0	- ,
	(Principal office address)	
Kensin	3O(72)O(1)	n
	(Current mailing address)	
• • •	55 28 S	
8. Morta	1000 Kinkerage	17
(Purpose(	(s) of corporation authorized in home state or country to be carried out in state of Florida)	フ
	of -	
9. Name and stre	eet address of Florida registered agent: (P.O. Box NOT acceptable)	
Name:	Cosar Careseco	
Office Address:	7180 SW 21st Apt. #1	
	Miami, Florida 33155	. —
	(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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: \_\_\_ Vice Chairman: Address: \_ Director: Address: \_\_ 1060 Director: Address: **B. OFFICERS** President: Aida Mora Vice President: ( ) Address: \_ Secretary: ( Suite 460 Kensington Conwood Treasurer: Address: \_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 13. 14. Aida R Mona, President

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

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT THE ALTA COMPANIES, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS APRIL 27, 2006.

Paul B. Anderson Charter Division

Faul B. Under



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301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

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