# F00000003690

(Requestor's Name)
•
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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OF MAY 23 AN ID: TO
SECRETABY OF STATE

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	COV	ER LETTER		11660	
TO: New Filing Section Division of Corporations			0 S	6 MAY 23 AN ID: 10 ECRETARY OF STATE	
	cumarket Fi	nancial	Mortgage	ALLAHASSEE, FLORIDA 2 (or poration	7
	(Name of co	poration - must in	clude suffix)		
Dear Sir or Madam:					
The enclosed "Applicati "Certificate of Existence transact business in Flor	e," and check are submit				
Please return all corresp	ondence concerning this	matter to the follo	owing:		
NIM	A COUCH				
	(1)	ame of Person)			
Neu	omarket f	INANCIA ( irm/Company)	MORTE	SMGE CORPOR	ntic
2108	Newmark	2+ DRIVE (Address)	<u>-</u> 2		
lou	ISVILLE, K	y 4022	2		
	(Cit)	State and Zip coo	le)		
For further information	concerning this matter, p	lease call:			÷
NINA COU	<u>CH</u> at (.5	502 1 550	0-4933		
(Name of Perso	n)	(Area Code & Da	ytime Telephone N	lumber)	
New Filing Sect Division of Corp Clifton Building 2661 Executive Tallahassee, FL	corations Center Circle 32301	I	MAILING ADDR New Filing Section Division of Corpora 2.O. Box 6327 Fallahassee, FL 32	ations	
Enclosed is a check for t	he following amount:			/	
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of State			\$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. NEWMA	RKET FINANCIA	L MORTE	SAGE C	DEPORAT	10N	
	orporation; must include "INC erp," "Inc," "Co," or "Corp.")	ORPORATED,"	"COMPANY,	" "CORPORATIO	N,"	
, ,						
-	ble in Florida, enter alternate	•		_	ng business in Florida)	
2. KENTU	ACKY under the law of which it is inc	3, _	86-1	(FEI number, if app		
_					ilicable)	
4. <u>MAY</u>		5	perpe	etual		
(Date	of incorporation)		(Duration: Yea	ar cosp. will cease to	o exist or "perpetual")	
6		<del></del>	TT 17 /0 1		<del></del>	
	(Date first trans (SEE SECTIONS 60'	acted business in 7.1501 & 607.150	Florida, if prior 32, F.S., to deter	r to registration) rmine penalty liabil	ity)	
7. 2108	Newmarket !	Drive L	ouisvi II	e. KY 407	122	
	(Prin	cipal office addre	ess)			
2108	Newmarket?			e, KY 402	.22	
	(Curi	ent mailing addre	ess)		_	
8. <u>Mor</u>	tgage Broker	(KY)	Corres	pondent	lender (Fi	)
(Purpose(s)	of corporation authorized in	home state or cou	intry to be carri	ed out in state of Fi		
9. Name and street	address of Florida register	ed agent: (P.O.	Box NOT ac	ceptable)	903	
Name:	Incorp Services	, Inc.			発見すっ	
Office Address:	18450 NE 2nd.	Ave			FILE MAY 23 RETARY OF WHASSEE,	
	Miani		. Florida	33179	F PLS	
	(City)		, Florida	(Zip code)	D IO F STATE FLORIDA	
10. Registered age	ent's acceptance:	-			7 10	
	d as registered agent and	to accept servic	e of process fo	or the above states	d corporation at the plac	۰

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: \_\_ Address: \_ Vice Chairman: Address: \_\_\_ Director: \_ Address: Director: Address: **B. OFFICERS** President: FREDERICK COUCH Address: 2108 NEWMARKET DRIVE LOUISVILLE, KY 40222 Vice President: NINA COUCH Address: 2108 NEWMPREKET DRIVE COUISVILLE KY 40272 Secretary: Address: \_\_ 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) (Typed or printed name and capacity of person signing application)



## Trey Grayson Secretary of State

**Certificate of Existence** 

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

### NEWMARKET FINANCIAL MORTGAGE CORPORATION

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is May 1, 2006 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 15th day of May, 2006.



Trey Grayson
Secretary of State
Commonwealth of Kentucky
BWeber/0637841 - Certificate ID: 31010