

706000004652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

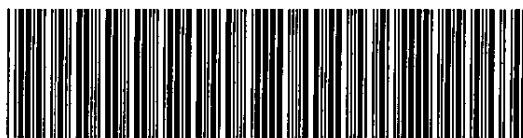
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Certified Copies _____

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06/27/06--01003--010 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
06 JUL 11 AM 11:14

W06-29167



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 11 AM 11:14

June 28, 2006

LISA A. LESSER
REGULATORY COUNSEL GROUP, INC.
295 W. CROSSVILLE RD., SUITE 530
ROSWELL, GA 30075

SUBJECT: HELPING HAND MORTGAGE, INC.
Ref. Number: W06000029167

We have received your document for HELPING HAND MORTGAGE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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) 245-6972.

Doris Brown
Document Specialist

Letter Number: 606A00042600



Regulatory Counsel Group, Inc.

Mortgage Licensing & Compliance Advisors

www.regulatorycounsel.com

July 6, 2006

Department of State
Division of Corporations
2661 Executive Center Circle West
Tallahassee, FL 32301
(850) 245-6051

FILED
SECRETARY OF CORPORATION
DIVISION OF CORPORATIONS
JUL 11 AM 11:11
06 JUL 11

RE: Helping Hand Mortgage, Inc.

To Whom It May Concern:

This provides you with information on behalf of **Helping Hand, Inc.** to establish them as a foreign corporation to transact business in your State. The Original Certificate of Existence that was enclosed with the original submission is the only form of the requested document that New York can generate and is dated within the 90 days as requested. I have enclosed a copy of the New York filing receipt showing the request of this document along with a copy of the original filing. As their Agent, Regulatory Counsel Group, Inc. has also enclosed the following:

1. Your Letter
2. One (1) original Application for Authorization (signed)
3. Certificate of Good Standing
4. A self-addressed, stamped envelope to send one approved original back to RCG's attention.

Please send all correspondence to:
Regulatory Counsel Group, Inc.
295 West Crossville Road
Suite 530
Roswell, GA 30075

Thank you for your cooperation. If you have any questions, please contact me via phone at (770) 992-7779, via email at llesser@rcgteam.com or via fax at (770) 992-0779.

Sincerely,

Lisa A. Lesser
Assistant Account Executive

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 11 AM 11:14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Helping Hand Mortgage, 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:

Lisa A. Lesser

(Name of Person)

Regulatory Counsel Group, Inc.

(Firm/Company)

295 West Crossville Rd., Suite 530

(Address)

Roswell, GA 30075

(City/State and Zip code)

For further information concerning this matter, please call:

Lisa A. Lesser

(Name of Person)

at (770) 992-7779

(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

**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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
06 JUL 11 AM 11:14

1. **Helping Hand Mortgage, Inc.**

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

N/A

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

2. **New York**

(State or country under the law of which it is incorporated)

3. **20-1941557**

(FEI number, if applicable)

4. **11/12/04**

(Date of incorporation)

5. **perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **N/A**

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **275 Madison Ave, #626, New York, NY 10016**

(Principal office address)

275 Madison Ave, #626, New York, NY 10016

(Current mailing address)

8. **Mortgage Broker**

(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: **NRAI Services, Inc.**

Office Address: **2731 Executive Park Drive, Suite 4**

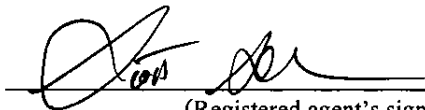
Weston, Florida **33331**

(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.

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SECRETARY OF STATE
DIVISION OF CORPORATION
06 JUL 11 AM 11:14

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

A. DIRECTORS

Chairman: Michael Monteforte

Address: 275 Madison Ave, #626
New York, NY 10016

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Michael Monteforte

Address: 275 Madison Ave, #626
New York, NY 10016

Vice President: _____

Address: _____

Secretary: Michael Monteforte

Address: 275 Madison Ave, #626, New York, NY 10016

Treasurer: Michael Monteforte

Address: 275 Madison Ave, #626, New York, NY 10016

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. Michael Monteforte, CEO/President/Secretary/Treasurer

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

State of New York
Department of State } ss:

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SECRETARY OF STATE
DIVISION OF CORPORATION
06 JUL 11 AM 11:14

I hereby certify, that the Certificate of Incorporation of HELPING HAND MORTGAGE, INC. was filed on 11/12/2004, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 03rd day of May two
thousand and six.*

Special Deputy Secretary of State

200605040579 81

