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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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TALLAHASSEE, FINALE.

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: METFUND MORTG	AGE SERVICES CORPORATION
	oration - must include suffix)
Dear Sir or Madam:	
	for Authorization to Transact Business in Florida," I to register the above referenced foreign corporation to
Please return all correspondence concerning this m	atter to the following:
BARBARA ANN	KELLY, PRESIDENT ne of Person)
(Nan	ne of Person)
METFUND MORTGA	FOE STERVICES CORPORATION
METFUND MORTGAGE STERVICES CORPORATION (Firm/Company)	
4505 WETHER	Address)
	Address)
City/State and Zip code)	
(City/S	tate and Zip code)
For further information concerning this matter, ple	ase call:
BARBARA ANN KELLY at (301) 320-2666 (Name of Person) (Area Code & Daytime Telephone Number)	
(Name of Person) (A	rea Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
New Filing Section Division of Corporations	New Filing Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	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 & \$87.50 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.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. MARYLAND 3. 52-1947607 (State or country under the law of which it is incorporated) (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. OCTOBER 26, 1995 (Date of incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON REGISTRATION/QUALIFICATION (Date first transacted business in Florida, if prior to registration)
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 4505 WETHERILL ROAD BETHESDA, MD, 20816 (Principal office address)
(Principal office address)
4505 WETHERILL ROAD, BETTHESDM, MD. 20816 (Current mailing address)
(Current mailing address)
8. MORTGAGE BROKERAGE BUSINESS (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
(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: SCOTT SHIRLEY ESO ARD, SHIRLEY & HARTMAN, P. A. Office Address: 207 WESTPARK AVENUE, SUITE B
Name: SCOT SHIRLEY, ESQ.
Name: ARD, SHIRLEY & HARTMAN, P. A.
Office Address: 207 WESTPARK AVENUE, SUITE B
Name: SCOTT SHIRLEY, ESO, ARD, SHIRLEY SHARTMAN, P. A. Office Address: 207 WESTPARK AVENUE, SUITE B TALLAHA SSEE, FL, Florida 32302-1877 (City) (
A (City), Florida (Zip code)
PITONE: 850-577-6500
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.

11. Attached is a certificate of existence dury 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. MARYLAND CERTIFICATE OF SMUS DATED 12-8-06

(Registered agent's signature)

12. Names and busin	ness addresses of officers and/or directors:
	MARYLAND CLOSE CORPORATION-NO DIRECTORS
Chairman:	
Address:	•
Vice Chairman:	
Address:	
Dimenten	
Address:	
Director:	
Address:	
B. OFFICERS	
	BARBARA ANN KELLY
Address: 4	505 NETHERILL ROAD
	BETHESDA, MD. 20816
Vice President:	
Secretary:	SARBARA ANN KELLY
	505 WETHERILL ROAD BETTIESDA, MD. 20816
/	BARBARA ANN KELLY
Treasurer:	
Address:	505 NETHERILL ROAD RETHESDA, MD, 20816
NOTE: If no conser-	you may attach an addendum to the application listing additional officers and/or directors
MALA	you may attach an addendum to the application listing additional officers and/or directors. Willy Lell, President
13. [UWU]	(Signature of Director or Officer listed in number 12 of the application)
14. BAR	BARA ANN KELLY, PRESIDENT
17.	(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 METFUND MORTGAGE SERVICES CORPORATION 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 DECEMBER 08, 2006.

Paul B. Anderson Charter Division

Paul B. Under



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