# F07000005174

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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETANY OF STATE
AND ANASSEE, FLORIDA

# **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: CRAPILL (Name of corporate	taal Financing, In
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation fo "Certificate of Existence," and check are submitted to transact business in Florida.	
Please return all correspondence concerning this matter	er to the following:
Cheative Mortco	of Person Inancing, Inc
_ 412 Main St	·
Danburn, CT	dress) 06810
(City/State	e and Zip code)
For further information concerning this matter, please	call:
Sucan Javis at (203 (Area (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 & \$87.50 Filing Fee, Certified Copy  Certified Copy  Certified Copy

## - APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.  1.
"Inc.," "Corp." "Inc.," "Inc.," "Corp." "Inc.," "Inc.,
(If name unavailable in Florida, enter whemals corporate name adopted for the purpose of transacting business in Florida)  2. Comparison
(State or country under the law of which it is incorporated)  (FEI number, if applicable)  4. 4/2009  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 602,1501 & 607,1502, F.S., to determine penalty liability)  7. 4/2 Main + Dandy (Tob & 1)  (Principal office address)  (Purpose(s) of deporation 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: VRAT Sun Clash (NVL) State  Office Address: 2731 Executive Factor (NVL) State  (Poffice Addre
(State or country under the law of which it is incorporated)  4. 49009 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")  6. Office Address:  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability)  (Principal office address)  (Purpose(a) 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: VRAT SUMULA (P.O. Box NOT acceptable)
(Current mailing address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: VRAT SULVER (Park VIVL)  Name: VRAT SULVER (P.O. Box NOT acceptable)
(Current mailing address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: VRAT SULVER (Park VIVL)  Name: VRAT SULVER (P.O. Box NOT acceptable)
(Current mailing address)  8. Mortcaal (and) Bold (Purposed) of deporation 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: NRAT Slunch (P.O. Box Not acceptable)  Name: NRAT Slunch (P.O. Box Not acceptable)  Office Address: 27-31 Executive Rack (P.O. Box Not acceptable)  Wooden FL , Florida 3333
(Current mailing address)  8. Mortcaal (and) Bold (Purposed) of deporation 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: NRAT Slunch (P.O. Box Not acceptable)  Name: NRAT Slunch (P.O. Box Not acceptable)  Office Address: 27-31 Executive Rack (P.O. Box Not acceptable)  Wooden FL , Florida 3333
412 Main Stanbury (706810)  8. Mortagal Landly Bokly  (Purposed) of deporation 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: URAT Slunch Inc.  Office Address: 27-31 Executive Rock Vive State  Wooden FL, Florida 3333/
412 Main Stanbury (706810)  8. Mortagal Landly Bokly  (Purposed) of deporation 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: URAT Slunch Inc.  Office Address: 27-31 Executive Rock Vive State  Wooden FL, Florida 3333/
(Current mailing address)  8. Mort and London Bokon  (Purpose of derporation 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: URAT Sunch Inc.  Office Address: 27-31 Executive Rock Vive State  Work FL  Florida 3333/
8. Mort coal Conder Boker  (Purpose(s) of derporation 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: URAT Sences Of Florida Registered Agent: (P.O. Box NOT acceptable)  Office Address: 27-31 Executive Rack VIVE State  Wooden FL  Florida 3333/
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: NRAT Sences Inc.  Office Address: 27-31 Executive Park Vive Stering Park Wooden FL, Florida 3333/
Name: NRAT Sences Inc Office Address: 27-31 Executive Park Dive Stern Woodon FL, Florida 3333/
Office Address: 27-31 Executive Park Dive Ster Park Wooden FL , Florida 3333/
Woston FL, Florida 3333/
Wooten FL, Florida 3333)
(0)
(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.
and I am and accept the vonganous by 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: 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. (Signature of Director or Officer listed in number 12 of the application)

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

### Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that the certificate of incorporation of

### CREATIVE MORTGAGE FINANCING, INC.

a domestic STOCK corporation, was filed in this office on April 26, 2002.

A certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.

Secretary of the State

Date Issued: October 09, 2007

Business ID: 0707588 Standard Certificate Number: 2007243102001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov