

F07000005838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

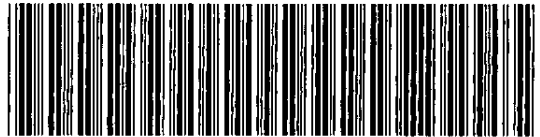
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000112420700

11/26/07--01043--003 **78.75

FILED

07 OCT 26 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Home Loan Solutions, 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:

John G. Sommer

(Name of Person)

Home Loan Solutions, Inc.

(Firm/Company)

90 River Farm Road

(Address)

East Greenwich, RI 02818

(City/State and Zip code)

For further information concerning this matter, please call:

John G. Sommer

(Name of Person)

at (401) 447-3318

(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.

1. **Home Loan Solutions, Inc.**

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

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

2. **Rhode Island**

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

3. **11-3827378**

(FEI number, if applicable)

4. **11/15/2007**

(Date of incorporation)

5. **Perpetual**

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

6. _____

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

7. **90 River Farm Road, East Greenwich, RI 02818**

(Principal office address)

90 River Farm Road, East Greenwich, RI 02818

(Current mailing address)

FILED
07 OCT 26 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. **Any lawful business.**

(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: **National Registered Agents, 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.

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

FILED

07 OCT 26 PM 3:52

A. DIRECTORS

Chairman: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: John G. Sommer

Address: 90 River Farm Road

East Greenwich, RI 02818

Director: _____

Address: _____

B. OFFICERS

President: John G. Sommer

Address: 90 River Farm Road

East Greenwich, RI 02818

Vice President: _____

Address: _____

Secretary: John G. Sommer

Address: 90 River Farm Road, East Greenwich, RI 02818

Treasurer: John G. Sommer

Address: 90 River Farm Road, East Greenwich, RI 02818

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. _____

John G. Sommer, President
(Typed or printed name and capacity of person signing application)



State of Rhode Island and Providence Plantations

A. Ralph Mollis
Secretary of State

FILED

07 OCT 26 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Office of the Secretary of State of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

Home Loan Solutions, Inc.

a Rhode Island corporation, filed articles of incorporation in this office on the 15th day of November, 2007; and

IT IS FURTHER CERTIFIED that as of this date said corporation is duly organized and existing under and by virtue of the laws of the State of Rhode Island and is in good standing according to the records of this office.

SIGNED AND SEALED this nineteenth
day of November, A.D. 2007.

Secretary of State

BY

