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(Requestor's Name)

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04/23/12--01045--006 **70.00

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TALLAHASSEE, FLORIDA

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T. Bush APR 25 2012

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Bridge Appraisal Management Corp.

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," or "Certificate of Good Standing" 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:

Gary Lehnes

Name of Person

Bridge Appraisal Management Corp.

Firm/Company

469 Morris Avenue

Address

Summit, NJ 07901

City/State and Zip code

glehnes@bridgeamc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary Lehnes

at (908) 918-1500

Name of Person

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.**

I. Bridge Appraisal Management Corp.

(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. New Jersey 3. 26-4060346
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 6, 2009 (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)

7. 469 Morris Avenue, Summit, NJ 07901
(Principal office address)

- Appraisal management services for lender clients

(Purposes) 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: 515 East Park Avenue

Tallahassee , Florida 32301
(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.

NRAI Services, Inc.

(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: Gary Lehnes

Address: 469 Morris Avenue

Summit, NJ 07901

Vice President: Thomas Kachelriess

Address: 469 Morris Avenue

Summit, NJ 07901

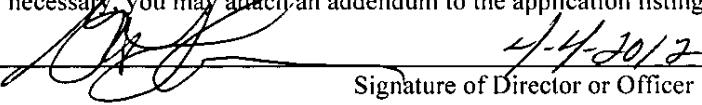
Secretary: _____

Address: _____

Treasurer: _____

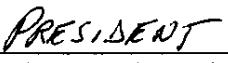
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  4-4-2012

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Gary Lehnes  PRESIDENT

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

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TALLAHASSEE FLORIDA

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
SHORT FORM STANDING

6
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BRIDGE APPRAISAL MANAGEMENT CORP.

0100998075

With the Previous or Alternate Name

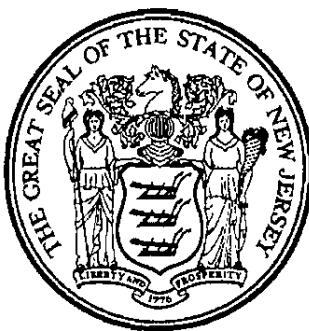
BRIDGE APPRAISAL MANAGEMENT, INC. (Previous Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on January 6, 2009.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

*Gary Lehnies
469 Morris Avenue
Summit, NJ 07901*



Certification# 123018418

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 10th day of February, 2012

A handwritten signature in black ink, appearing to read "A.P. Sidamon-Eristoff".

*Andrew P. Sidamon-Eristoff
State Treasurer*

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp