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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CMD 5/22

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** USA Mortgage Network 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," 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:

Anabela Basile  
Name of Person

USA Mortgage Network Inc.  
Firm/Company

535 Main Street  
Address

Indian Orchard, MA 01151  
City/State and Zip code

bela@usa-mtg.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anabela Basile at (413) 438-4130  
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.

1. **USA MORTGAGE NETWORK, INC**

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

**USA MORTGAGE NETWORK, INC.**

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

2. **MA**

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

3. **26-34-08056**

(FEI number, if applicable)

4. **9/2008 / 24**

(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. **700 BERKELY ST, BOCA RATON, FL 33487**

(Principal office address)

**535 MAIN STREET, INDIAN ORCHARD, MA 01151**

(Current mailing address)

8. **MORTGAGE BROKER LICENSE**

(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:

**ANABELA BASILE**

Office Address:

**700 BERKELEY ST**

**BOCA RATON**


(City)

, Florida **33487**

(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:

**A. DIRECTORS**

Chairman: Anabela Basile

Address: 535 Main St.

Indian Orchard, MA 01151

Vice Chairman: Anabela Basile

Address: 535 Main St

Indian Orchard, MA 01151

Director: Anabela Basile

Address: 535 Main St

Indian Orchard, MA 01151

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Anabela Basile

Address: 535 Main St

Indian Orchard, MA 01151

Vice President: Anabela Basile

Address: 535 Main St

Indian Orchard MA 01151

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. \_\_\_\_\_

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. \_\_\_\_\_

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

FILED  
14 MAY 20 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

May 8, 2014

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

**USA MORTGAGE NETWORK, INC**

is a domestic corporation organized on **September 24, 2008**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

Processed By: sam

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA