# F15000001185

(Requestor's Name)					
(Áddress)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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03/19/15--01015--003 \*\*70.80

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600 W. Germantown Pike Suite 270 Plymouth Meeting, PA 19462

Phone: 610.834.8700 Fax: 610.834.0480

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Wednesday March 18, 2015

RE: New Filing Section: Foreign Profit Corporations

To whom it may concern:

Enclosed you will find the "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Good Standing" and check in the amount of \$70.00 for Philadelphia Mortgage Advisors, Inc.

Should you have any questions please feel free to contact me directly at the information listed below.

Thank You,

Assistant Compliance Manager mcirino@phillyadvisors.com

(610)834-8700 x239

welcome

### **COVER LETTER**

TO: New Filing Section Division of Corporations						
SUBJECT: Philadel	phia Mortgage	Advisors, Ir	nc.			
	Name of corporation	- must include suffix				
Dear Sir or Madam:						
The enclosed "Application by F "Certificate of Existence," or "C above referenced foreign corpor	Certificate of Good Stan	ding" and check are subt				
Please return all correspondence	e concerning this matter	to the following:	,			
<u>Megan Cirino</u>						
	Name of I	Person				
Philadelphia Mort	gage Advisor	s, Inc.				
	Firm/Comp	pany				
600 W Germantown	Pike, Suite	270				
	Addre	SS				
Plymouth Meeting,	PA 19642					
	City/State an	nd Zip code				
mcirino@phillyad	visors.com					
E-ma	il address: (to be used fo	or future annual report n	otification)			
For further information concern	ing this matter, please ca	all:				
Megan Cirino at (610 )834-8700 x 2397						
Name of Person Area Code & Daytime Telephone Number						
STREET/COURIER A	ADDRESS:	MAILING AI	DDRESS:			
New Filing Section						
Division of Corporation	s	Division of Corporations				
Clifton Building 2661 Executive Center (	Circle	P.O. Box 6327 Tallahassee, FL 32314				
Tallahassee, FL 32301						
Enclosed is a check for the follo	wing amount:					
——————————————————————————————————————	3.75 Filing Fee & Trifficate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &			

## 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 or	Iphia Mortgage Advisorporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	OTS INCOMPANY,"	"CORPORATION,"	mayoran da dina ayan da dina dina dina dina dina dina dina
N/A (If name unavaila	ble in Florida, cuter alternate corporate n	name edopted for the p	urpose of transacting business in	n Florida)
2. Pennsyl	vania	3. <u>20-5604</u>		
(State or country	VAN 1 A  under the law of which it is incorporate	d)	(FEI number, if applicable)	
4. 03/29/20				
(Date	of incorporation)	(Duration: Yea	r corp. will cease to exist or "pe	erpetual")
6. N/A				
	(Date first transacted busin (SEE SECTIONS 607.1501 & 6			
7. 600 W Ge:	rmantown Pike, Suite	270 Plymon	uth Meeting. PA	19462
	(Principal offic	e addrese)		T S T
600 W Ge	rmantown Pike, Suite (Current mailin	e 270 Plymor g address)	uth Meeting, PA	
8. Name and stree	t address of Florida registered agent:			9
Name:	Blumberg Excelsion	r Corporate	e Services Inc	ੂੰ ਨੂੰ ੂ
Office Address:	155 Office Plaza	Drive, 1st	Floor	LEGRIDA SIATE
	Tallahassee (City)	, Florida	32301	
	(City)		(Zip code)	
designated in this	ed as registered agent and to accept application, I hereby accept the app	ointment as registes	red agent and agree to act b	n title capacity. I
	omply with the provisions of all state unillar with and accept the obligation			iance of my
	TATT			
_	(Registered ages	nt's signature)		
10. Attached is a c	ertificate of existence duly authentic	sated, 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Jonathan G. Kraus 714 Knox Road Villanova PA 19085 Vice Chairman: Address: \_ Director: Jerry Hollbrook Address: 4390 Davisville Road Hatboro PA 19040 **B. OFFICERS** President: Jonathan Kraus Address: 714 Knox Road Villanova PA 19085 Vice President: Jill Quinn Address: 714 Knox Road Villanova PA 19085 Secretary: \_\_ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. 13. Jonathan G. Kraus, President

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

**MARCH 13, 2015** 

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### PHILADELPHIA MORTGAGE ADVISORS, INC.

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

**Acting Secretary of the Commonwealth** 

Redus C. Contés

Certification Number: 12484124-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp