

From:

11/12/2015 15:43

#548 P.001/004

Division of Corporations

Page 1 of 1

FI500005002

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000270858 3)))



H150002708583ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please****

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
NATION ONE MORTGAGE CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

FILED
2015 NOV 12 P 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
15 NOV 12 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

NOV 13 2015
J. BRUCE

From:

11/12/2015 15:43

#548 P.002/004

**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.*

NATION ONE MORTGAGE CORPORATION

1. _____
(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. 47-4523507
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/02/2015 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 751 Route 73 North Suite 7, Marlton, NJ 08053
(Principal office address)
- _____
(Current mailing address, if different)

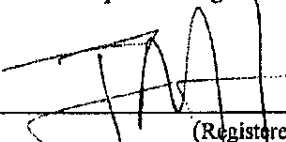
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

Office Address: 155 Office Plaza Drive, 1st Fl.
TALLAHASSEE, Florida 32301
(City) (Zip code)

9. 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)

JOSE MOJICA, ASST. SECY.

10. 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.

FILED
2015 NOV 12 P 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

From:

11/12/2015 15:43

#548 P.003/004

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Joseph J Lang

Address: 751 Route 73 North Suite 7, Marlton, NJ 08053

Director: Joseph C Fox

Address: 751 Route 73 North Suite 7, Marlton, NJ 08053

B. OFFICERS

President: Joseph J Lang

Address: 751 Route 73 North Suite 7, Marlton, NJ 08053

Vice President: Joseph C Fox

Address: 751 Route 73 North Suite 7, Marlton, NJ 08053

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12.  _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. Joseph J Lang, President
(Typed or printed name and capacity of person signing application)

FILED
2015 NOV 12 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

From:

11/12/2015 15:44

#548 P.004/004

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

NATION ONE MORTGAGE CORPORATION

0450001329

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 July 2, 2015.

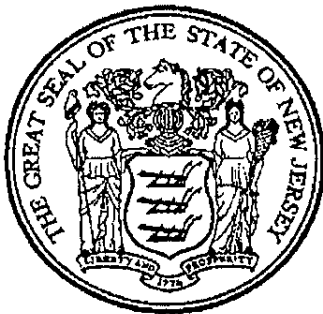
As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

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

*Melanie Levan
46 W. Main St.
Maple Shade, NJ 08052*

15 NOV 12 P 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



Certification# 137559297

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
3rd day of November, 2015*

Robert A. Romano

Robert A Romano
Acting State Treasurer

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