

FILED 000000 857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

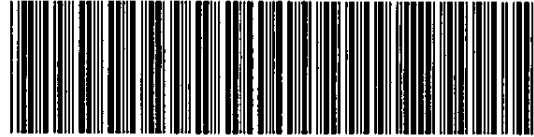
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/05/16--01008--014 \*\*78.75

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16 FEB 23 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 25 2016  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
American Capital Mortgage Inc

**SUBJECT:** \_\_\_\_\_  
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:  
Sanjiv Jain

	Name of Person
American Capital Mortgage Inc	
	Firm/Company
439 Main Street, Suite 102,	
	Address
Orange, NJ 07050	
	City/State and Zip code
sunnyjain@amcaps.com	
	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sunny Jain	516	327-6000	
_____	at (_____)	_____	
Name of Person	Area Code	Daytime Telephone Number	

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2016

SANJIV JAIN  
439 MAIN STREET, SUITE 102  
ORANGE, NJ 07050

SUBJECT: AMERICAN CAPITAL MORTGAGE, INC.  
Ref. Number: W16000009809

RECEIVED  
2016 FEB 23 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for AMERICAN CAPITAL MORTGAGE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Principal and mailing address is missing.,

Completed & Returned

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 716A00002705

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16 FEB 23 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.*

American Capital Mortgage Inc.,

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

American Capital Mortgage Florida Inc.,

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

2. \_\_\_\_\_ 3. \_\_\_\_\_  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/10/1993 5. \_\_\_\_\_  
 (Date of incorporation) (Date of duration, if other than 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. 439 Main Street, Suite 102, Orange, NJ 07050  
 (Principal office address)

\_\_\_\_\_  
 (Current mailing address, if different)

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

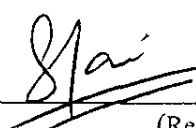
Name: Sunny Jain

Office Address: 2260 Wintermere Pointe Dr  
Winter Garden, Florida 34787  
 (City) (Zip code)

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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)

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.

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

**A. DIRECTORS**

Sanjiv Jain

Chairman: \_\_\_\_\_

75 Signal Hill Road, Staten Island NY 10301

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

Vice Chairman: \_\_\_\_\_

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

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

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

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

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

**B. OFFICERS**

Sanjiv Jain

President: \_\_\_\_\_

75 Signal Hill Road, Staten Island NY 10301

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

Vice President: \_\_\_\_\_

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

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

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

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

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

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TALLAHASSEE, FLORIDA

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

12. Sanjiv Jain \_\_\_\_\_  
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.

Sanjiv Jain / President

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

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

**State of New York**  
**Department of State** } ss:

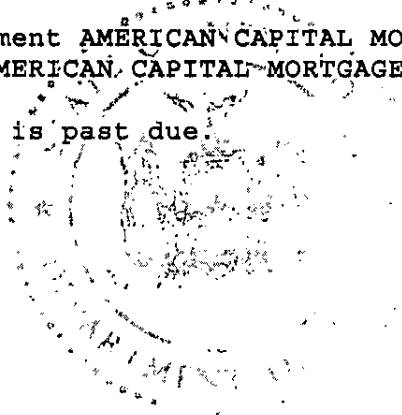
I hereby certify, that the Certificate of Incorporation of AMERICAN CAPITAL MORTGAGE, INC. was filed on 08/10/1993, under the name of A. PALMA MORTGAGE CORP., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment A. PALMA MORTGAGE CORP., changing its name to AMERICAN CAPITAL MORTGAGE BANK, LTD., was filed 02/27/1997.

A Certificate of Amendment AMERICAN CAPITAL MORTGAGE BANK, LTD., changing its name to AMERICAN CAPITAL MORTGAGE BANKERS, LTD., was filed 03/20/1997.

A Certificate of Amendment AMERICAN CAPITAL MORTGAGE BANKERS, LTD., changing its name to AMERICAN CAPITAL MORTGAGE, INC., was filed 11/20/2009.

The Biennial Statement is past due.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 19th day of January two  
thousand and sixteen.*

*Anthony Scardino*

Executive Deputy Secretary of State