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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

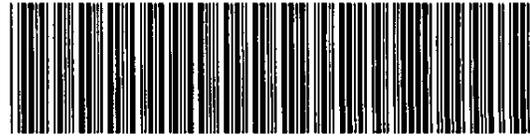
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
CORPORATION

MAR 23 2017  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALPINE MORTGAGE 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:  
SHARON COX, ESQ.

_____ Name of Person
SHARON ANN COX, P.A.
_____ Firm/Company
8070 NW 96 TERRACE, STE 101
_____ Address
TAMARAC, FL 33321
_____ City/State and Zip code
SHARONCOX@SACOXLAW.COM
_____ E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARON COX	at (	561	)	235.2113
_____ 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

**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.

ALPINE MORTGAGE CORP.

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

SHTARK MORTGAGE CORP.

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

NEW JERSEY

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

NOVEMBER 20, 1997

PERPETUAL

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

NONE

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

631 PALISADE AVENUE, SUITE 1 & 7, ENGLEWOOD CLIFFS, NJ 07632

7. \_\_\_\_\_  
(Principal office address)

Same as above

(Current mailing address, if different)

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

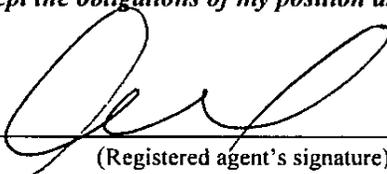
Name: SHARON ANN COX, PA

Office Address: 8070 NW 96 TERRACE, STE 101

TAMARAC, Florida 33321  
(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)

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.

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

**A. DIRECTORS**

Chairman: MICHAEL F. SASSANO  
631 PALISADE AVENUE, SUITE 1 & 7, ENGLEWOOD CLIFFS, NJ 07632  
Address:

Vice Chairman: ILONA SHTARK  
631 PALISADE AVENUE, SUITE 1 & 7, ENGLEWOOD CLIFFS, NJ 07632  
Address:

Director:  
Address:

Director:  
Address:

**B. OFFICERS**

President: MICHAEL F. SASSANO  
631 PALISADE AVENUE, SUITE 1 & 7, ENGLEWOOD CLIFFS, NJ 07632  
Address:

Vice President: ILONA SHTARK  
631 PALISADE AVENUE, SUITE 1 & 7, ENGLEWOOD CLIFFS, NJ 07632  
Address:

Secretary:  
Address:

Treasurer:  
Address:

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SECRETARY OF STATE  
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TREASURY DEPARTMENT

**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. ILONA SHTARK, VICE PRESIDENT  
\_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

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

**ALPINE MORTGAGE CORP.  
0100726458**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on November 20, 1997.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2016*

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

**MICHAEL F. SASSANO  
631 PALISADE AVE  
ENGLEWOOD CLIFFS, NJ 07632**



*IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 8th day of March, 2017*

**Ford M. Scudder  
Acting State Treasurer**

Certificate Number : 6078142359

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)