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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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17 MAR 21 AM 11:10

FILED
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

561

235.2113

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

**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)

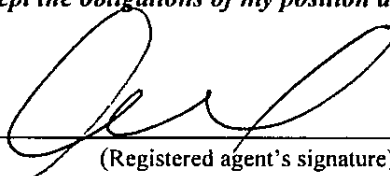
Name: SHARON ANN COX, PA

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.

FILED
SECRETARY OF STATE
17 MAR 21 AM 11:19
TAMPA, FLORIDA

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

A. DIRECTORS

Chairman: MICHAEL F. SASSANO

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

Vice Chairman: ILONA SHTARK

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

Director:

Address:

Director:

Address:

B. OFFICERS

President: MICHAEL F. SASSANO

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

Vice President: ILONA SHTARK

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

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. ILONA SHTARK, VICE PRESIDENT

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

FILED
-CLERK OF STATE
-RECORDS DIVISION
17 MAR 21 AM 11:10

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

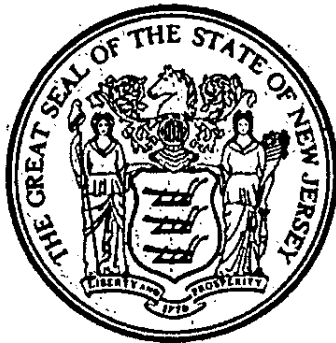
ALPINE MORTGAGE CORP.
0100726458

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