

Alf L.
MAY 23 2017
R. WHITE

COVER LETTER

10: Amendment Section
Division of Corporations

SUBJECT: ALPINE MORTGAGE CORP.

Name of Corporation

DOCUMENT NUMBER: F17000001337

The enclosed *Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHARON COX, ESQ

Name of Contact Person

SHARON ANN COX, P.A

Firm/Company

7154 N. UNIVERSITY DRIVE, 283

Address

TAMARAC, FL 33321

City/State and Zip Code

SHARON@BERNARDLAWGRP.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 Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☒ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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



17 MAY 15 PM 12:05

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S)
AND/OR DIRECTOR(S)**

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is:
ALPINE MORTGAGE CORP.
2. This entity was authorized to transact business in Florida on MARCH 21, 2017 and its Florida document number is F17000001337
3. This corporation was formed under the laws of NEW JERSEY
4. The name and address of each officer and/or director is as follows:

Title:

P

Name and Address

ILONA SHTARK

631 PALISADE AVE, STE 1 & 7

ENGLEWOOD CLIFFS, NJ 07632

(Attach additional pages if necessary)

Ilona Shtark
Signature of an officer or director

ILONA SHTARK
Typed or printed name of person signing

PRESIDENT

Title of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to:
Division of Corporations • PO Box 6327 • Tallahassee, FL 32314